(VRA 15, 4)



STATE OF MARYLAND

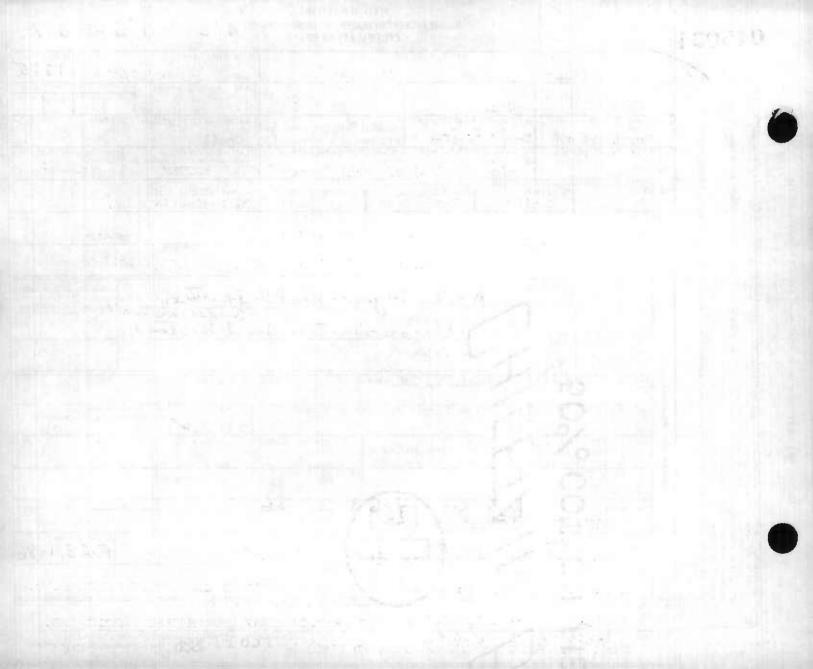
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 1	DE	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
be ge 3	M	11110	Richard	A	A1n	quist	02/08	3/86 1805			
Poo er d		3. SE	X .	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS			
etor.	200		Male	Cau.	0		47 YRS	MONTHS DAYS HOURS MIN			
4 4 2	See 1		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COL	1115	ED MEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
12	North Dak		North Dakota	North Americ	a WIDOV	_	Cecil	M			
1 24	5	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS O			
17	301		Elkton	Union Hospi		Cecil County	WRITER	self-employ			
2 44	红	JSU.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDEN	ICE BEFORE ADMISSION	1)	130. STREET ADDRESS	210			
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1 00	1		VAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17. INFORMANT	ADDRESS	Onioscoon			
0.0	2/		YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES)	32-3321	Nancy A. Alm	equist,32 Springf	ield Drive			
great by the en please rest burial, crem	vy, or other I	,	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO		UT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)			
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RAL DIR	Ä :: -		12 mest	W. Sul	in 1	1. b, ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	Feb 3, 198			
ould be	PORTA		ERNEST W. SE			UNION HOSPI	TAL OF CECIL COUN	ITY, ELKTON.MD.			
BP	4		BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY ER METH.CEMET	23d LOCATION CITY OR TOWN ERY NORTH EAST	CECIL MD.			
		24 F	UNERAL DIRECTOR	1. E. Wink		25a. D4	TERRO DABY-REGISTRAR 256. REGIS	TRAR'S SIGNATURE			

DHMH - 16 50M 4/B2 (VRA 15, 4)

HICKS HOME FOR FUNERALS ELKTON, MD 21921



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3 3 6		CEASED HOME HAZE	MIDDLE		ERSON	Pebruary 16	MONTH DAY	YEAR 25 HOUR	
ge 4 mo)	3. SE	FEMALE	4. RACE WHITE	5. DATE (6 AGE (IN YEARS LAST BIRT	YRS	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN.	
S S S S S S S S S S S S S S S S S S S		inceton, W.VA.	76. CITIZEN OF WHAT COUNT U.S.A	RY? 8 MARRIE WIDOWI	D NEVER MARRIED DED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH			
by the filled with	10 €	Elkton	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE'S Union Hospita	TREET ADDRESS)		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF House Wife	ON 12b	KIND OF BUSINESS OR DUSTRY	
should be rer fined in	13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO Maryland Cec		NWOT	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 124 E. Main		21921	
ompletely ond 2 st) F	ATHER'S NAME FIRST BALLARD	MATHENA MATHENA		IS MOTHER'S MAIDEN NA/ FIRST MINNIE	ME MIDDLE SUE	LUCAI	DO LAST	
Pages 1		WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIALS GIVE WAR OR DATES) 215 40		Niles R. And	ADDRE		21921 Elkton,Md	
reficate I g physicic andopers emaval.		PART I. DEATH WAS CAU	IATE CAUSE (a)	MADWE			3	APPROXIMATE INTERVAL IETWEEN ONSET AND DEATH	
that the death ce d by the attending ease remave carbo al, cremation, or in in ather traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	QUENCE OF	lug				
requires en signec Then pli or to buri	NOI	PART 2 OTHER SIGNIFICAN	t conditions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or cond	DITION GIVEN IN	PART 11a	
the law ion. the has been if permit inne price.	CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH? NO []	
ilCtan. Tilg physicial certificate mal-transition tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART OR	PART 2)	
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to OR A		22b. SIGNATURE	2e_1/		DEGREE ATTENDING	MEDICAL STAF		DATE SIGNED	

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Jui-Chin Hsu

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

223 W. Main St., Elkton, Md. 21921

230 BURIAL, CREMATION, REMOVAL Burial

23h DATE Feb 18,1986 231. NAME OF CEMETERY OR CREMATORY New Bridge Regular

CITY OR TOWN Rising Sun,

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

MPORTANT

HICKS HOME for FUNERALS, ELKTON, MD.

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059100	1-	FOR STATE PEGISTRAP	DEPAS	TMENT OF HEALTH AND MENTAL HYC	0 0	5 0 8 9
deoth. Page 4 may be funeral director, page 3 thin 72 hours after death	3. SE	REGISTRAR CE ASED NAME FIRST OR PRINT) X MAE IRTHPLACE ISTATE OR FOREIGN OUNTRY) CANDA ITY OR TOWN OF DEATH		S. DATE OF BIRTH MONTH DAY YEAR B 28 1900 Y? & MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COL	IF UNDER 1 YEAR IF UNDER 24 HRS MIN WONTHS DAYS HOURS MIN VRS. UNTY OF DEATH MD 12b. KIND OF BUSINESS OR
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours offer opens. Pages 1 and 2 should be filed within ovol. nt, the medical examiner must be halfed ont, the medical examiner must be halfed	14 F/	STATE 136 COU ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. AL	MDDLE ANGE	OF THE CONTINUE OF THE CONTINU	WIDDIE	21911
CORDS, 301 W. PRESTON ST., we requires that the death certificate signed by the attending phint. Then please remove carbonprion to burial, cremation, or remover to burial, are other troumatic events.	CERTIFICATION	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	DUENCE OF CITCH	Descare AINAL DISEASE OR CONDITIO 200. AUTOPSÝ? 200. INC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SPITAL OR ATTENDI 2 by the hopping or NERAL DIRECTOR A bo disochold for use 5 State Dept. of Heal TANT, if from 21 is m.	MEDICAL CERTIF		HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFIX pitol) ottended/the deceosed from	DAY YEAR 19 211. LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO CHEEN NATURE OF INJURY IN ITE	M 18. PART 1 OR PART 2] COUNTY STATE 19 that (1) (we) lost d hour and from the couses stated
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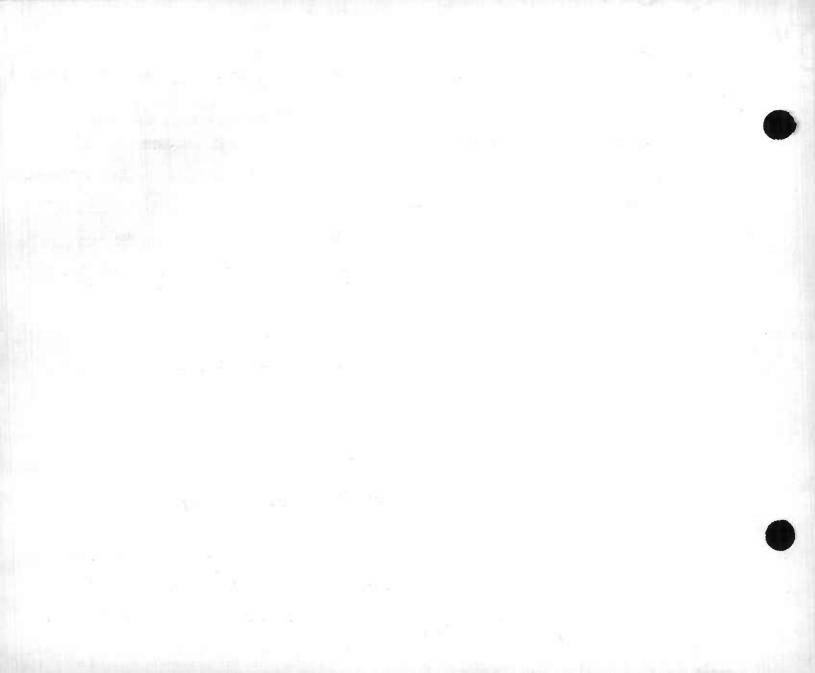
DHMH - 16 50M 4/83 (VRA 15, 4) Hicks Home for Funerals,

Elkton, Md.

AR 3 1986

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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/	I. DE	REGISTRAR FIRST	MIDDLE		LAST	REG. NO		YEAR 26 HC	OUR
1 12	-	JAMES	L.	В	ROOKS, Jr.	Fe	h 27	1986 4:1	151
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And	VE FA	James	MIDDLE L. Bro	oks, Sr.	15 MOTHER'S MAIDEN NAM	ME MIDDLE (Unknown)		LAST	
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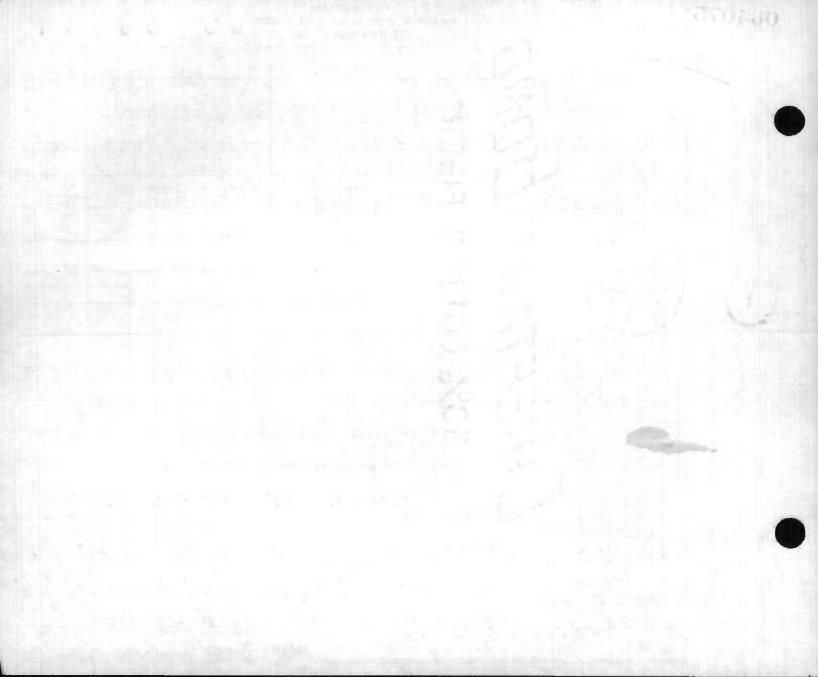
DHMH - 16 60M 7/84 (VRA 15, 4)

Entombment
24 FUNERAL DIRECTOR
Hick's Home for Funerals,

Hickor, Md.

Bracelawn Mem. Park | New Castle, Delaware

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then please remove carbon papitis. It with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal liMPORTANI. If them 21 is marked or tiem 18 shows any injust, or other traumatic event, the miles.

ATTENDING PHYSICIAN: The low

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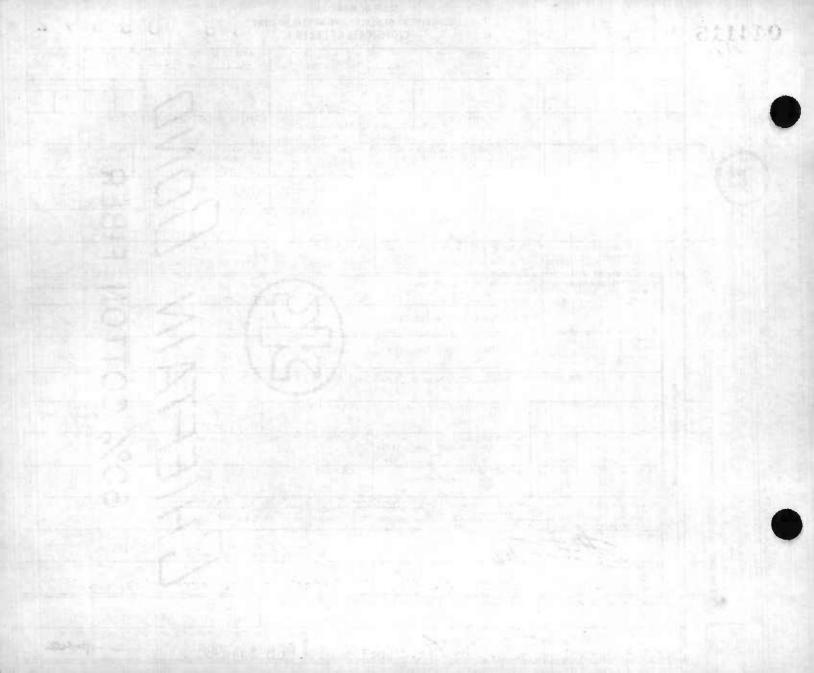
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND 04/115 1 - FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

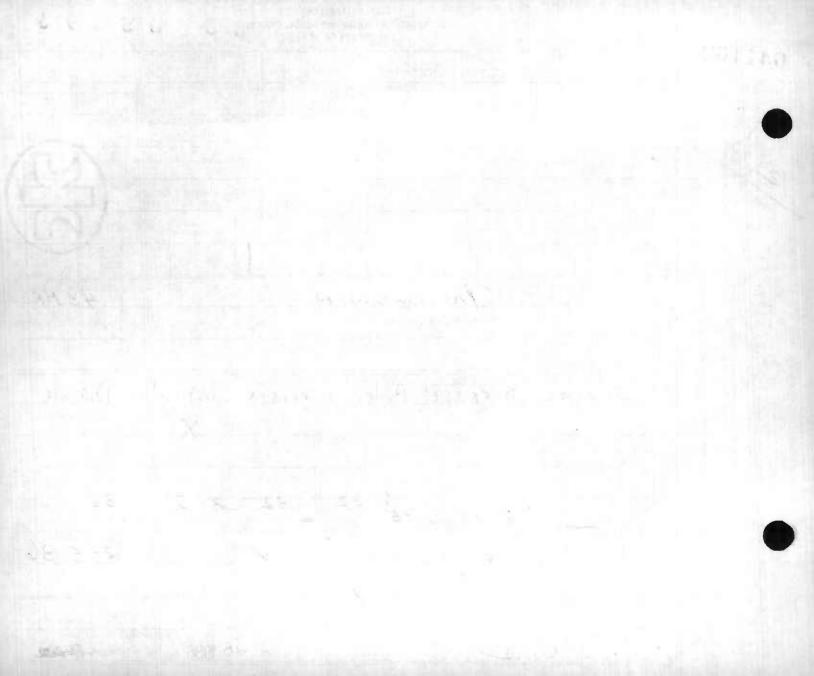
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REG. NO.					

		REGISTRAR								REG. N	0.				
-		CEASED NAME	FIRST		WIE	DDLE		AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26. HOL	JR
	(TYPE	OR PRINT)	Ashby	y	L.		Brow	wn		February 7	, 198	6		8:30	OP M
	3. SEX	X		4. RACE	30.0		5. DATE C			6. AGE (IN YEARS LAST BIF	PTHDAY)	IF UNDE	DAYS	HOURS	R 24 HRS
	M	ale		B1a	ack		Apri		NK .	66	YRS.	MONTHS	DATS	HOURS	MIN.
9		RTHPLACE (STATE OR F	OREIGN	76 CITIZET	N OF W	HAT COUNT	RY? 8	D X NEVER MARRIED		9 BALTIMORE CITY C	R COUNT	Y OF DE	ATH		
1	V	irginia		I	J.S.	Α.	WIDOWE			Cecil					MD.
10	1	TY OR TOWN OF DEA	TH			OSPITAL, NUI		OR OTHER INSTITUTION	N	12a. USUAL OCCUPAT			KIND O USTRY	F BUSINI	ESS OR
2	-6	erry Point		Perry	Po	int V.	A.M.C.			Laborer	OF WORKING (Vari	ous	
1	130 S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTIT		IVE RESIDENCE BE	EFORE ADMISSION)	1 13d INSIDE CITY LIMI	ITS?	13e STREET ADDRESS	/ ZIP COD	F	-	210	201
2		ryland	Harf	ord		Aberde		YES X NO		431 Washington St., Abo					
2	III FA	THER'S NAME		WIDDLE				15 MOTHER'S MAIDE	ENNAM	NE MIDDLE		LAST			
V.	1	Warner				Brow	vn	Mary		Franc		-1	Turr	er	
6		VAS DECEASED EVER		MED FORC			ECURITY NO.	17 INFORMANT		ADDR	ESS	00 (1)		210	201
μ		YES		V II		187 0.	5 2858	Emma T.Bro	own,	431 Washing	gton S	St.,	Aber	deer	n, MD
		Conditions, if ony, gove rise to imm couse tol, statin underlying couse	which nediate g the	DUE T	(b)	ermina as a conse as a conse	OUENCE OF	of carcino	oma	of lung					
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1	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF				TH?		
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1	CAL	OR CONTRIBUTING		4111	P.M.		19								
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		220 I certify that (X) saw the decease above, (X) (we) (c) 22b SIGNATURE	(this hospi ed alive on list vacan	tol) oftend Febr Wilew the	uar body of	deceased from y 7 1	9 <u>86</u> or	her 5 19 19 19 19 19 19 19 19 19 19 19 19 19		, to Fehrua eath occurred on the d		ur and fr	om the o	hat X (oted
,		At	mote	EA	0			ATTENDII PHYSICI	ING X	MEDICAL STA	FF CIAN 🗍	220	DATE	SIGNED	
		Jean Ray			ien	, M.D.		VA Medical Center, Perry Point, MD.21902)2	
		SURIAL, CREMATION,	REMOVAL	236. DA	TE	2	23c NAME OF C	EMETERY OR CREMAT	ORY	23d LOCATION		COLUM	v		STATE
		Burial	/	Feb.	.13,	1986	Garriso	n Forrest	M.	Owings	Mi11,			MD	ne it
	24 FL	INERAL DIRECTOR	enn	ett 1	3	Country	0	250	o. DATE	REC'D. BY REGISTRAR					
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) HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed writing 24. Will principle to the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in the principle of
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	1.	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYC	GIENE 8 6 PEG. NO.	5093
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y be y be y	(TYP)	ERICA	BUNGE BROW	NN		Feb 5, 1986	1:45 R
e b	3. SE	X	4. RACE	5 DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
The same		Female	wh <u>i</u> ıte		79/1891 YEAR	94 YRS	
1 1 1 De	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 11/7/	E	Belgium	USA	WIDOW	ED TO DIVORCED	Cecil Co.	MD
10000000000000000000000000000000000000		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
212		orgetown	R D Whiteha			Home maker	
11 25	13a	ALRESIDENCE (IF NURSING HOME OR STATE 13% COUN Maryland Cec	NTY 13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD Rfd Whitehal	
1 20	14. E	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME	
NG PHYSICIAN: The law requires that the death certificate be executed w ottending physician. The name of the death certificate has been signed by the attending physician and complete os the burial-transit permit. Then please remave carbon papers. Pages I and the and Mental Hygiene prior to burial, cremation, or remaval. The name of them 18 shows any injury, or other traumatic event, the medicobe of them that the medicobe and them 18 shows any injury, or other traumatic event, the medicobe and them 18 shows any injury, or other traumatic event, the medicobe and them 18 shows any injury, or other traumatic event, the medicobe and them 18 shows any injury, or other traumatic event, the medicobe and the statement of the statement			G. BUNGE		SOPHIA	KARCHER	LAST
ond co	160	WAS DECEASED EVER IN U.S. AR LES NO OR UNKNOWN) (IF YES, GIV NO	VE WAR OR DATES)		17_INFORMANT	ADDRESS	21930
be e		No no	one 216 4	6 380	David Aik	enGeorgetown (
sAL cote coper coper avoil.		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	nly one couse per lim for (a), (b),				APPROXIMATE INTERVAL BETWEEN ONSET AND PEATH
serification of the series of	-		TE CAUSE (0) / neu	mo	NIA		48 MKZ
corkin continuous of the conti			DUE TO, OR AS A CONSEC	UENCE OF			
deo de		Conditions, if ony, which gove rise to immediate	(b)				
W. P	Ь	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	UENCE OF			
s the			(c)	0.05.4711.011	NOT DELITED TO THE YEAR		151 P 1 P 1 P 1 P 1
sign hen f to bu	Z	SEVERES		A BO		AINAL DISEASE OR CONDITION GI	(1)100.10
been mit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	PVIUS (P F W S	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
hos lo pers	三						FYING CAUSES OF DEATH?
N: The Nysicia hysicia hygie Hygie	1 8	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
tySiCian; ding physis certifica burial-tror Mental Hy or Item 18		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR			
HYSIC nding his cer burio	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
offer the street of the street	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E FARM, EIC)	SIRECT		6 4
LOIN Lor Lose of Leolth		22a I certify that (I) (this haspi	ital) attended the deceased from	40	22 19 82	2, to 2 ~ 5	19 86 that (I) (we) lost
Sprito CTOI for of H		sow the deceased alive an above (I) (mandal) (did no	of) view the body ofter death	<u>86</u> .	nd that in (my) opinion	death occurred on the date and had	or and from the couses stated
OK or hor borched		22b. SIGNATURE	6	40.7	DEGREE	Acres CTASS	220 DATE SIGNED
SPITAL d by the NERAL be deto tany: if		M. 01	1 Segan	m 5		MEDICAL STAFF DIRECTOR PHYSICIAN	2-5-86
HOSPITAL ned by the FUNERAL lid be determine Stote ORTANT:		22d PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS		
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Store		Wayne D.			Chestert		
F 5 F 5 7 3		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
BP	24/5	Cremation	2/6/86 S	llver	brook Crema		
DHMH - 16 60M 7/84	15	UNERAL DIRECTOR	ADDRESS		- 55	B 06 1986	waydon hands
(VRA 15, 4)	1/	Waller W.	Ches!	ertor	n Ma	DOE DOE	INCOLA-NIALIZE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	NEO-IOTHI III						REG. NO.					
	I DECEASED NAME	FIRST		AIDDI E		ROWN	20. DATE OF DEATH	MONTH	4,1986	26 HOUR		
1	3. SEX FEMALE		RACE WHITE		5. DATE O	DF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
5	IRTHPLACE (STATE OR FO COUNTRY) MARYLAND	DREIGN 7		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED X	OBOTT (MD.		
	ELKTON	/t	JNION HO	SPITAL O	F CEC	IL COUNTY	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LI		F BUSINESS OR		
100	AL RESIDENCE (# NURS) STATE MARYLAND	CECII	TY	GIVE RESIDENCE BEFORE 13t. CITY OR TOWI ELKTON		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			ELKTON,		
0	14 FATHER'S NAME FIRST JOHN	M	T.	BROWN		GEORGIANNA	MIDDLE		WILL	is		
	16a WAS DECEASED EVER II (YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 215 32		17 INFORMANT ERNEST CARF	ADDR	ESS				
	Conditions, if ony, gave rise to imm cause (o), stoting underlying cause	AS CAUSED MMEDIATE which ediate	DUE TO, OF	(and AS A CONSEQUE	NCE OF	Negural.	m John	phi	APPROXI BETWEEN (IMATE INTERVAL ONSET AND DEATH		
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO										
1	190. DATE OF OPERATE	DF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED						IN CERTI	S, WERE FINDIN IFYING CAUSES ES []			

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21d INJURY OCCURRED

22b. SIGNATURE

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR

P.M. 19 210. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

COUNTY

STATE

and that in (mx) (our) apinian death accurred on the date and hour and from the couses stated

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2)

22t. DATE SIGNED

22d PHYSICIAN'S NAME (TY)

230. BURIAL CREMATION, REMOVAL

BURIAL

saw the deceased will

JOSEPH G. LANZI , M. D.

236 DATE

FEB.17,1986

220.1 certify that (1) (this haspital) attended the deceased fram

23c NAME OF CEMETERY OR CREMATORY CHERRY HILL METH.

DEGREE

22e ADDRESS

23d. LOCATION CITY OR TOWN ELKTON,

CECIL MSRYLAND

DHMH - 16 60M 7/84

old be date the Store

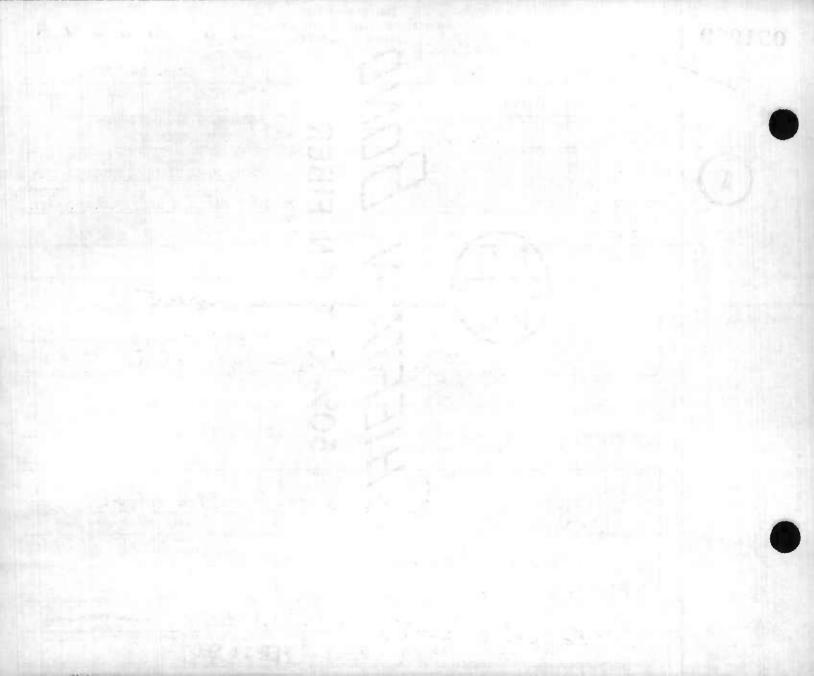
MPORTANT

24 FUNERAL DIRECTOR HICKS HOME FOR FUNERALS (VRA 15, 4)

ETRTON, MARYLAND

CEM.

BY REGISTRAR 25 REGISTRAR'S SIGNATURE



MIDDLE

059101

DHMH - 16 60M 7/B4 (VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY SE/1 13e.STREET ADDRESS / ZIP CODE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN FREMMOUNT CHOSTOR 250 DATE REC'D BY REGISTRAR 250 REGISTRAR SIGNAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

CERTIFICATE OF DEATH

REG. NO.

MONTH

2b. HOUR

20. DATE OF DEATH

				STATE OF MARYLAND		THE RESERVE TO SHARE THE PARTY OF THE PARTY				
63	/1 -	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	05096				
6		CRASED NAME A FIRST	ORIDE E	CARTER	20 DATE OF DEATH MON	/2/86 2009M				
(1.58	EMALE	B/ACK	SERTINAL TOTAL	6. AGE (IN YEARS LAST BIRTHOWN	MONTHS DAYS HOURS MIN.				
36		OUNTRY (STATE OR FOREIGN	0. S. A	WIDOWED DIVORCED	BALTIMORE STY OR CO	1/ CO MO				
0/	6	YOR TOWN OF DEATH	LIF NOT IN SUCH FACILITY, GIVE STRE	MEM. HOSPIAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING HEE INDUSTRY				
125	Tia S	MA 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES NO YES	13e STREET ADDRESS / ZIF	CODE 21635				
14	1	THER'S NAME FIRST (AN	MIDDLE CHEST		ERINE MIDDIE	PEAKE				
C medice			VE WAR OR DATES)	CAIE	LA, W.S.	1 RES				
event, th		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), c ED BY TE CAUSE (o)	myocardial in	Parton	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
non, or r numatic		Canditions, if any, which (16) Acquesterate corner astern describe								
r other te		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	JENCE OF	2					
injery. e	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	DN GIVEN IN PART 1 (a				
9	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)				
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR AM. MONTH	PAY YEAR 19	RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART I OR PART 2)				
/	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
		sow the deceased alive ar	at) view the body after death.	and that in (my) (aur) opinion	death accurred an the date a	. 19				
If them		22b. SIGNATURE	JULY MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226 DATE SIGNED 213186				
PORTAN		Tenneth	Lewis	mD 22e ADDRESS Mida	le town &	De/				
2	23a E	BUR, A	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	Galivariown	. LOUNTY WATE.				
M 7/84 4)	24 FU	DAME CONTROLL	WED CHES	TERTOW, NO FF	B 1 0 1988'	REGISTRAR'S SIGNATURE				

C. L. C. U. C. L. The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE, FARM ETC.) STREET STATE NOT WHILE 11 certify that (I) (this hospital) ottended the deceased from 19.86 above, (1) we) (did) (did not view the body after death and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 2556 Suldnuthan 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 202 BOWST ELKTON MD 21921 SHEELMOHAN 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL Feb. 28, 1986 RESTLAWN MEM. PARK COFFEYVILLE. KANSAS 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Elkton, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Hicks Home for Funeral

rulia Devideon porplace

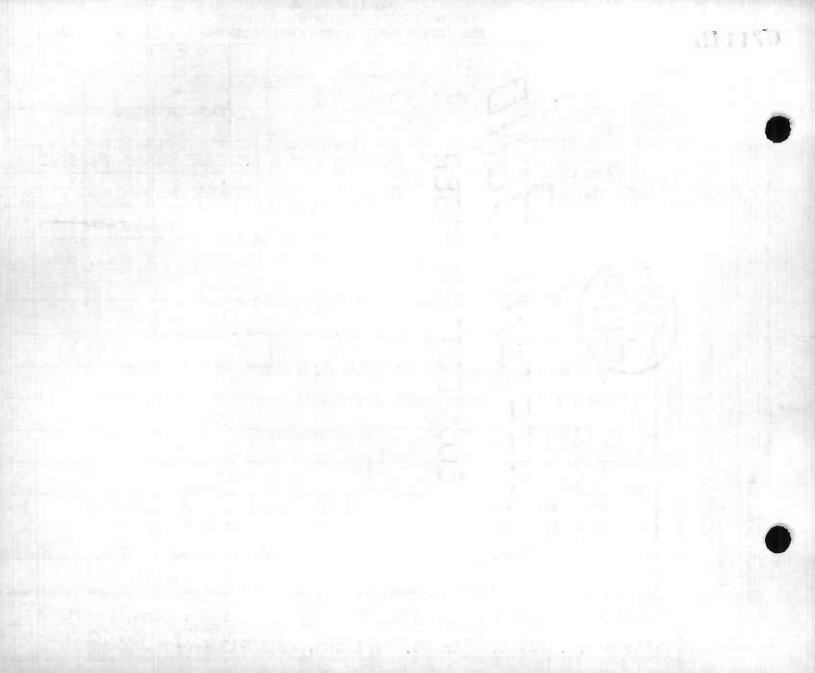


06	4073	1-	FOR STATE REGISTRAR		MED	DEPARTMENT OF H	ER'S CERTIFIC	2 of	Say	0 5	5 0	9	9
	-6		CEASED NAME COMMING	1907		WIDDIE	LAST		2e. DATE K	ESTI-	ONTH DAY	YEAR	2b. HOUR
	A PERSONAL PROPERTY OF THE PERSONAL PROPERTY O			MALA			EEGAN		DEATH	MATED 2-	-24-861	9	٨
	品位生古经 /	1.55		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEAR		IF UNDER 24 HRS	PRONOUNG	MOI	VIH DAY	YEAR	2d. HOUF
	* NASER	1	Male	White	Jan. 8	1915 71 YR	. Morris paris	HOURS MIN	DEAD		-24-86	19	1:40
-	37 46/1		RTHPLACE IN		76 CITIZEN OF WH				9. BALTIMO	ORE CITY OR CO	OUNTY OF DE	ATH	11:40
	日本の中華/ト	A SEC	HEIGH COUNTRY		77	S. A.	MARRIED NEV			_			
	ZZno X	Pe	nnsylv	OFDEATH		PITAL, NURSING HOME,	WIDOWED L	DIVORCED L	Cec	il Courty	7	D OF BH	ME
	公里及品包/			or small	(IF NOT IN SUCH FAC	HITY, GIVE STREET ADDRESS)		FOI	R MOST OF WORK	ING LIFE)	OR I	INDUSTR	RY
	40° 48		lkton		65 Moli	tor Rd., E	Lkton, Md	21921	uality	Contro	1 Aut	to M	fg.
5	TOPESON !		AL RESIDENCE	(IF IN NURSING HOME O		RESIDENCE BEFORE ADMISSIO		ITY LIMITS? 13e ST	REET ADDRES	SS	111	20	1
21201	るる品質が	1	aryland	C	ecil	Elkton	YES 🗆		Molit		041	and a	
8	NEW STA	MEE	ATHER'S NAME				15 MOTHE	ER'S MAIDEN NAM	\F				
a,	H S S S S S	V	George		MIDDLE	Deegan	Mary	Y	MIC	H		artz	
NO.	SAN TO /-			DEVER IN U.S. ARA		166 SOCIAL SECURITY	NO. 17. INFORM	MANT		ADDRESS			
E	展示表验	(1	ES, NO, OR UNKNO	(IF YES, GIVE I	WAR OR DATES)	178 01 289	27 Pu+h I	Vallam Da		65 Moli	tor Roa		3-4
×	A PERS	\vdash		- DC 4 TU 45			// Kucii i	Keller De	egan,	Elkton,		2192	
ST.	ON ON THE		PART I DE		y one couse per line !								T AND DEATH
NO	TANKE A		-	IMMEDIAT		unshot wound							
STC	S S S S S S S S S S S S S S S S S S S				DUE TO, OR	AS A CONSEQUENCE O	F						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. SCERFICATE SHOUD BE EXECUTED WITHIN 24 HOU STITING THE WORD "PENDING". IN PRINCE IN TERMS REDED TO THE CHIEF MEDICAL EXAMINER ALONG RESEAULUP BE USED AS A BUBBAL. TRANSFERENT RESEARMENT OF HEALTH AND MENT. TO REPEARMENT OF HEALTH AND MENT.		Conditions, if ony, which gove rise to immediate (b)											
		couse (a) stoting the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF											
201	ENDER NO		lying cou	19/11g COUSE 1051.									
DS,	ANA		PART 2 DTHEB SI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
ő	EA POOL	Z	A CONSTITUTION OF CIT IN FAM. 1745.										
ME.	DESAROT	IFICATION	190. DATE OF	OPERATION	TINE CONDIT	19b CONDITION FOR WHICH OPERATION WAS PERFORMED?						ITORSVa	
₹	30年34名	문	BY11-51				TO THOUSE EN ON					AB ON	
5	MORD 'P	E	21a EXTERNA	L CAUSE WAS	21b. TIME OF	INTUIDA	Tal- HOW INDIVIOUS	OCCURRED (ENTER				s X	NO 🗆
Ö	SAT SAS	2	UNDERLYING		HOUR A.M.	MONTH DAY YEAR			R NATURE OF INJU	IRY IN ITEM 18 PART 1	OR PART 2)		
o o	FORFAQ)	1 S	CONTRIBUTION	NG CAUSE OF D		2-24-8619		flicted					
VIS	H S C S C S C S C S C S C S C S C S C S	8	21d. INJURY C			FINJURY (ATHOME, DRY, FARM, ETC.)	211 LOCATION STREET		CITY OF TOW	N.	COUNTY		STATE
۵	SHARE AND SHARE		AT WORK	NOT WHILE	X hor		65 Moli	itor Road	Elkt	on, Mary	yland		SIAIE
F PW					ribed ob HEAD, OI		Inspection .						
	MA SO SEA								Inquiry		ny opinion		
	AN THE SECOND		death resulte	A Noture	ol couses \square ,	Accident			etermined mor	nner [
	WAR WAR		ACTUAL	Unula 7	2 Page	(-000	TITLE (SI				ATE 0 01	- 00	
	NEAL SHOLL	1	SIGNATURE	mary	e ure	1860	M.D. ASSI	istant MEI	DICAL EXAMI	NER SI	ATE 2-25	2-86	
	MEDICAL CUTE THE SE A SHO FUNERAL ER DEATH	1	EXAMINER'S	NAME	Margarit	N Korell	MD	111 Per	n Stre	et			
	A SECTION	-	(TYPE OR PRI	VI)	Margaria	a A. Korell	ADDRESS_	III Pel	II DULC				
	PACT PACE	23a.B	URIAL, CREMA	TION, REMOVAL 2		236 NAME OF CEM	ETERY OR CREMATO	CIT	OCATION		COUNTY	STA	ATE
07/84	BP		Crema	tion	2/25/86	R, A. Fer	ris & Co.	We	st Che	ster, Ch	nester	Pa.	
25M	DHMH - 17		UNERAL DIREC		NGH	ccha		25e. DATE REC'D. B	Y REGISTRAR	256 REGISTRA	R'S SIGNATU	PE NO	
	(VR A15 ME (5))		HICKS E	HOME for	FUNERALS	Elkton,	Md.	MAR 3	1986		21.0		11.5

STATE OF MARYLAND



		or Film	G614 item	n 22A			I ARYLAND I AND MENTAL H	YGIENE			
71115	- 9		3/86 rja				ERTIFICATE O	V.3 6	REG. NO.	5 1 0	
		CEASED NAME	FIRST		WIDDLE		LAST	OF	ESTI-	ONTH DAY YEA	
2. AND 3 TO THE FUNERAL DIRECTOR. SETAIN PAGE 5 FOR YOUR FILES SHOUD BEFRED, WITHIN 72-MONKS RECORDS, SON W. PRESTON STREET.	3 SEX		John	S DATE OF BIRTH	6, AGE (IN)		XON DER 1 YR. IF UNDER 2		MATED _	2 25 19 8	
N ST	Ma		Cauc.	JUNE 11,	YEAR LAST BIRTH			MIN PRONOUN	NCED	2 25 19 8	12.45
5	70. BIF	THPLACE IST	ATE OR	76. CITIZEN OF WE		8. MARR	ED NEVER MARRIE	ED 🛗		DUNTY OF DEATH	
7	10. CIT	Y OR TOWN	OF DEATH		PITAL, NURSING HOA	ME, OR OTH		120 USUAL OCCU		ORK 126 KIND OF	
7		Earlevi		Pinewo	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS OD ROAD	inger	rboard scl	PIRELL	CABLE	FACTO	RY
5	M	ÂRYLAI	AD 13 CEC		PERESIDENCE BEFORE ADMIS	LLE	13d INSIDE CITY LIMITS	FINGER	BOARD S	CHOOTHO. 51313	USE RD
1		THER'S NAME		WIDDIE	DIX ON'		15. MOTHER'S MAIDER	N NAME	SONICE SONICE	- WILLIAM	MS
	16a. W		EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR	ITY NO.	17 INFORMANT NO	ephew	ADDRESS	197	34
	(1)	NO	(IF YES, GIVE	WAR OR DATES	215-32-	1286	WOODROW (CARROLL	TOWNS	END, DE	L
	-	18 CAUSE OF	DEATH (Enter on ATH WAS CAUSE	nly one cause per line D BY:		Takitas				APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
	/	8909	IMMEDIA	IL CHOSE (O)	Smoke inha		1				-
VATION, OR REMOVA			s, if ony, which	(b).							
PROX ID BURIAL, CREMATION, OR			stating the <u>under-</u>		AS A CONSEQUENCE	OF					
		PART 2 DTHER SIG	HIFICANT CONDITIONS	(C) (C) (DATH	BUT NOT RELATED TO THE TEL	RMINAL DISEAS	DR CONDITION GIVEN IN PAR	I I (a)			
	NO O										474.0
1	FICAT	190 DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOP	
	MEDICAL CERTIFICATION		L CAUSE WAS	216 TIME OF		21c. HC	OW INJURY OCCURRED) LENTER NATURE OF IN	JURY IN ITEM 18 PART 1	YES X	NO 🗆
5	CALC	UNDERLYING CONTRIBUTIN	Ø OR IG ☐ CAUSE OF	DEATH 10+XX		6 Tra	ailer fire			10 E 18	
	MEDI	21d. INJURY O WHILE		STREET, FACT	OF INJURY AT HOME,		TREET	CITY OR TO		COUNTY	STATE
		AT WORK	AT WORK	hom	e	Pi	newood Rd,	Earle	eville	Cecil	MD
		220 certif		ge of the remoins des	cribed above, held an	Autop	y X, Inspection	Undetermined me		ny opinion	
		7655 AV	Ma		Accident and	oicide	TITLE (SPECIFY)	Onderermined me	<u>anners</u> ,		
_		SIGNATURE_	MIN	M	n	м	D. Assistant	MEDICAL EXAM	AINER SI	ATE 2/26/	86
2		EXAMINER'S I	NAME ITI	Ann M. Di	xon, M.D.		ADDRESS 111 F	Penn St.	Balto.MD		
1	23e.Bt		ION, REMOVAL	23h DATE	23¢ NAME OF C			23d LOCATION CITY OR TOWN		COUNTY	STATE
		Buria.		3/4/86	Galena	Cem	etery	Galena EC'D. BY REGISTRA	,	Maryla R'S SIGNATURE	- Ag
		llows		226 E. Ma	ain St. C	ecil		091 339R	Julia Davie	Ban Hones	2
							3 4 50 70 3	-		1.0	



050005	١,	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
058005	1.	STATE REGISTRAR	CERTIFICATE OF DEATH & B CREG. NO. U 5 1 U 2						
01 be	1. DE	CRASED NAME FIRST PRINT) A I AK	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 28. HOUR						
4 moy	3 SE	X	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS						
recto urs of		Male	White Jan. 2 1920 66 YRS.						
deoth. Po	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A. WIDOWED DIVORCED NEVER MARRIED MORCED MD.						
rs ofter dec		EIK TOW	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Union Hospital 120. USUAL OCCUPATION (IT NOT IN SUCH FACILITY, GIVE STREET ADDRESS): LID HSTRY IND						
rthin 24 hour lely filled in I 2 should be f	N	ATHER'S NAME	e or other institution, give residence before admission) OUNTY 134. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 610 Mechanics Valley Rd. MIDDLE 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 165. MOTHER'S MAIDEN NAME						
+ 1107/	D	James Edv	wards Nannie Edwards						
Foges I		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT OPPRISS Mechanics Valley						
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ranty ane cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
of the dear certify the other certification is remove Carbon control of the certification of		Conditions, if ony, which gave rise to immediate cause (a), stafting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF CORDNARY A RIERY DISEASE						
equity, or	NO	PART 2 OTHER SIGNIFICANT	AL FAILURE						
hos been to proper to proper p	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO Y YES NO Y YES NO NO						
SICIAN ng physics certification uniol-from tental them 18 h		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH DAY YEAR						
DING PHYS or attendin After this ce as the build morked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 216 LOCATION STREET CITY OR TOWN COUNTY STATE						
TIEN Portor for us of He		saw the deceased alive	A spital) attended the deceosed from 19 , 19 , to 19 , that (I) (we) lost a spital) attended the deceosed from 19 , 19 , ond that in (my) (our) opinion death accurred an the date and haur and from the couses stated (soft) viewathe bady after death.						
TAL OR A yy the hos RAL DIREC detached tote Dept		22b. SIGNATURE	DEGREE MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/20/86						
TO HOSPITAL retoined by the TO FUNERAL I should be detoined with the Store E IMPORTANT: II		EHS ANUI	PE OR PRINT) / 120 ADDRESS 2102 DRAIMMAGAID PLAZA						
BP	23a	BURIAL, CREMATION, REMOVA	23b. Date 23c Name of CEMETERY OR CREMATORY 23d. LOCATION Cecil May. STATE						
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Homos North East, Md. FEB 25 1986						

TOTAL SAUNCE

Welfall of A. Britting by vehicles part of the Alley

And the latest of the latest o

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STATE OF MARYLAND

63	6	
O	0	
	REG.	NO.

1	FOR STATE REGISTRAR	1113		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 6	0	5 i	0	3
	CEASED NAME	FIRST	A	AIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOU	R
(TYPE	OR PRINT)	John	H	. I	Estes		February 6,	1986		4:30	P M
1. SE	X	4,	RACE	ALCOHOL:	5. DATE C		6. AGE (IN YEARS LAST BIRTI	HDAY) IF U	INDER I YEAR	IF UNDER	
	MALE		WHITE		MAY]	18, 19D6	79	YRS	THS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR I	FOREIGN 76	76 CITIZEN OF WHAT COUNTRY?		8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	2119	
	ORTH CARDLIN	Α	USA		WIDOWE		CECI	L COUNTY			MD.
IL CI	ITY OR TOWN OF DEA	ATH 11	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A			OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N	126. KIND C	F BUSINE	
Per	ry Point		VA MEDICAL CENTER		ADDRESSI		(RET) ENGINEER		RAIL R	DAD (B	3+D)
isU,	AL RESIDENCE (IF NURS	ING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS /				
340	ID .	CECIL		PERRYVILLI		YES NO X	53 PATTERSON			2190	03
TA FA	ATHER'S NAME	A. (F	DLE	LAST		15 MOTHER'S MAIDEN NA	ME		100 E		
1	DAVID	M.H.	, Dic	ESTES		MAGGIE	WIDDLE		TOD		
	VAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADDRES	SS			
	YES, NO OR UNKNOWN)	1923-1		215 12	1098	MRS. DORDTHY V.	ESTES	SAME A	S #13e		
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED I	BY:			atory arrest			APPROX BETWEEN	IMATE INTER ONSET AND	DEATH
	Canditions, if any, gave rise to immore cause (a), stating underlying couse	mediate ng the	(b)	R AS A CONSEQUE	ve hea	art failure tic heart dis	ease	- 15			
Z	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS CO			NOT RELATED TO THE TERM		ITION GIVEN	IN PART II	a	
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO【X	206 IF YES, W IN CERTIFYIN YES	IG CAUSES	NGS USED S OF DEAT	TH?
	210 ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)		
MEDICAL	21d. INJURY OCCUR	HIE [21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	YN.	COUNTY	51	TATE
	saw the decease above XIXwe)	Xthis hospital ed alive an did) XIXI XX	Feb ru	e deceosed from	Janua 86 an	ary 28 19 86 at that in (XX (our) opinion	, toFebruar death occurred an the do	y_6 19_ te and have an	d from the	thor (r) (w	we) last ated
	226. SIGNATURE	in	wd	2/	4.6	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		221 DATE	SIGNED	4
	Avelino I			D.		VA MEDICAL	CENTER, PERR	Y POTN'	r. MD	219	902
22- 6	DIDIAL CREMATION			129 h	LAME OF C	EMETERY OR CREMATORY	Table to Carrion				

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

CITYORTOWN BEL AIR, HARFORD CO., MARYLAND

BURIAL, (SPECHY) BURIAL 11FEBRUARY86 24 FUNERAL DIRECTOR

BEL AIR MEMORIAL GARDENS 21078

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Mitchell Funeral Home, Havre deGrace,

Lulia Davidson-Randell

C 10550 MARKET AND RESIDENCE OF BRIDE AND ADDRESS OF THE PARTY OF

OBENSHAIN

F.H. BOX 270 MILLINGTON, MD

FOR

226 SIGNATURE

24 FUNERAL DIRECTOR

230 BURIAL CREMATION, REMOVAL

WALLACE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1986

IF UNDER 1 YEAR

26 HOUR

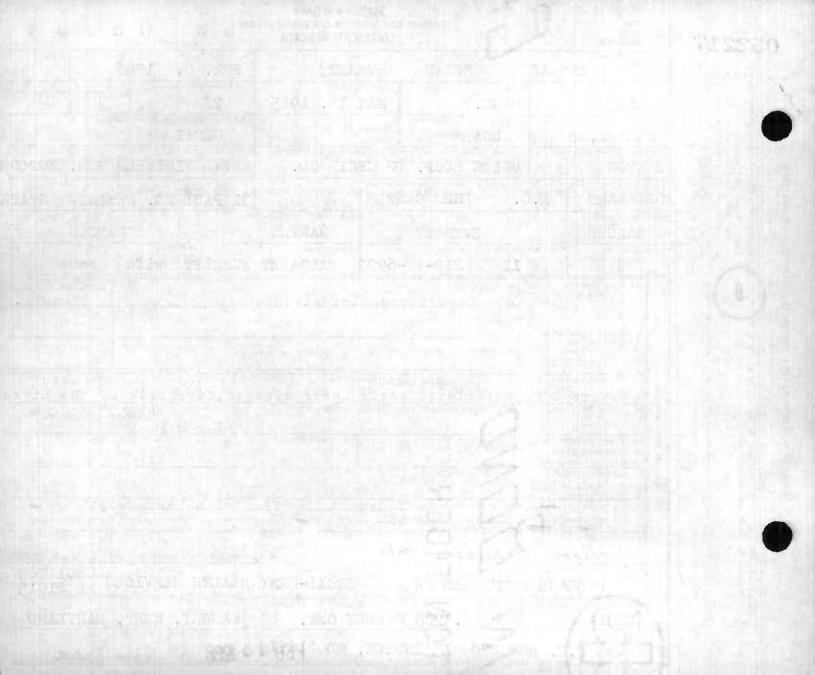
STATE OF MARYLAND

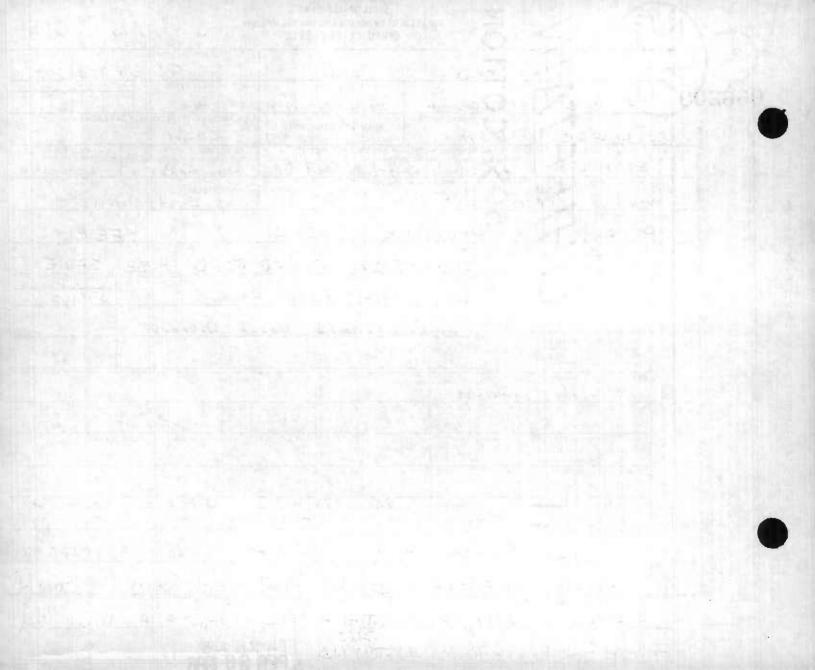
DEGREE

mo

126 KIND OF BUSINESS OR BENSON ADDRESS wife same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 weeks. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY CITY OF TOWN STATE 8 Feb (aur) apinian death occurred on the date and have and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 9 Feb 23c NAME OF CEMETERY OR CREMATORY MASSEY CEM. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)





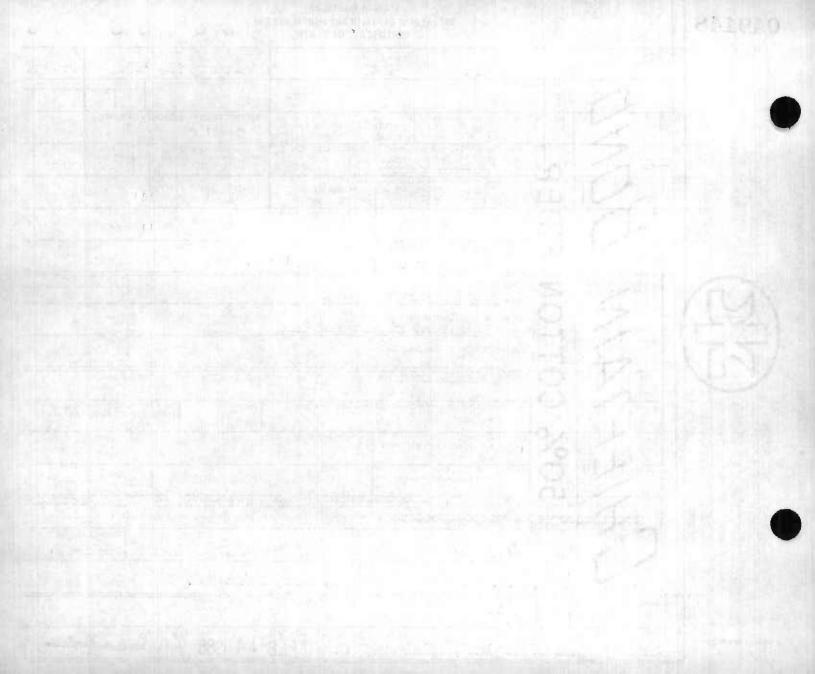
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0	5	Name of the last	0	
						_

- 1		EASED NAME	FIRST	h	NOOFE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TYPE	OR PRINT)	JOHN		L.	GAV	IN		February	13,	1986	3:00pm
	1. 5E)			4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
81	1	Male	100	White		MONTH 6	4	YEAR 9	76	YRS	MONTHS DAYS	HOURS MIN.
1	To. Bill	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	NEVER A	APPIED T	9 BALTIMORE CITY O			
2		Maryland		U.	s.	WIDOWE		ORCED	Cecil Co	ounty	?	MD.
3		rry Point		LIE NOT IN SUCH	LEACHTY GIVES	IRSING HOME C STREET ADDRESS) Center	R OTHER INST	NOITUTI	12e USUAL OCCUPATION OF COMPANY Broker		LIFE) INDUSTRY	urance
3	13e. 5	AL RESIDENCE (# NUR	HIS HOME OF		130. CITY OR Ruxt	TOWN	13d. INSIDE C	NO D	13. STREET ADDRESS 7701 Ride:	ZIP CO	DE Rd.	21204
30	11	THER'S NAME Ohn	J.	NIODLE	Gavi	n	15 MOTHER'S	MAIDEN NAM FIRST	AE MIDDLE	Sul	llivan ^{LAS}	.1
n	160 M	AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO	17 INFORMA		ADDRE			
7		Yes	I WW "	WAR OR DATES)	213-1	0-1932	Mrs	. Julia	P. Gavin -	- San	ne as #13	3
1		18 CAUSE OF DEAT PART 1. DEATH V		E CAUSE (a) C	ardiac	arrest					APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost (b) Pneumonia, right upper lobe DUE TO, OR AS A CONSEQUENCE OF										2067
		PART 2 OTHER SIG	NIFICANTO		NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION	GIVEN IN PART 11	a
1	CERTIFICATION	190 DATE OF OPERA	196 CONDI	TION FOR WHICH OPERATION WAS PERFORMED			RMED	206 AUTOPSY?	IN CER	YES, WERE FINDING TIFYING CAUSES		
1	IITO I	210 ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE A	TH HOUR A.	A. MONTH	DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 1	8 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCUR	HALE		EET, FACTORY, OF	FICE FARM, ETC)	211 LOCATIO	0.00	CITY OR TO	WN .	COUNTY	STATE
		22a.1 certify that (H	this haspit	al) attended the	deceased fr	om Septe	dber 6	19 85	, Februar	y 13	19863	ODGGGGGGK
		****	740000	view the body	affer death	WXXXXXX or	id that in (my)	(aur) apinian d	leath accurred an the de	ate and h	auı and fram the	causes stated
		22b. SIGNATURE	au	Deero	at:		DEGREE A	TTENDING PHYSICIAN	MEDICAL STA	FF	22c DATE	
/		JULIAN		D, M.D.			22e ADDRES	5	Point, Md.			
	(URIAL, CREMATION, SPECIFY) Remov		23b. DATE 2/13		23t NAME OF C	EMETERY OR C		23d LOCATION CITY OR TOWN		COUNTY	STATE
	-	INERAL DIRECTOR Anatomy Be	oard c	of Maryl	and, B	ältimore	e, Md.	FEB	1 4 1986	1 1	Davidson-A	URE CONCERN S

DHMH - 16 60M 7/B4 (VRA 15, 4)



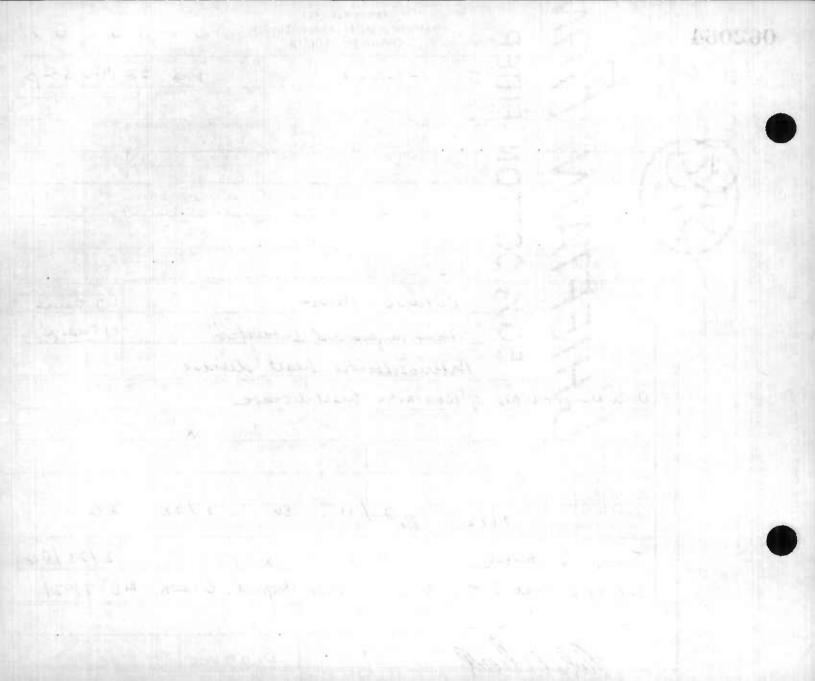
STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

62064	1-	FOR STATE REGISTRAR		DE	PARTMENT OF	HEALTH AND MENT		REG. NO.	0510				
oy be		CEASED NAME OR PRINT) ROBERT	FIRST	MIDDLE	GRAF	TON	2a. DATE	OF DEATH MONTH	22 (986) 26. HOUR 530				
a offer po	3. SE	emale	4 RACE Whi		Augu	of BIRTH Ist 5 191		68 AGE (IN YEARS LAST BIRTHDAY) NONTHS DAYS HOURS MIN.					
36		RTHPLACE (STATE OR FO	0.50	ZEN OF WHAT COU	MARRIE WIDOW	ED NEVER MARRI	ED 📙	orecity or col					
(1)	18.9	ry or town of deat Elkton	H 11. NA	ME OF HOSPITAL, NOT IN SUCH FACILITY, GIV Union H	VE STREET ADDRESS)	OR OTHER INSTITUTI	ON 12a USUA (TYPE OF W	SEWIFE	126. KIND OF BUSINESS INDUSTRY Home				
24	usU.	AL RESIDENCE (IF NURSIN	GHOME OR OTHER IN:	STITUTION GIVE RESIDENCE 130. CITY O	E BEFORE ADMISSION	13d INSIDE CITY LI	MITS? 13e.STREE	T ADDRESS / ZIP (
The state of the s	14 FA	THER'S NAME	m N. Le	L/	AST	15 MOTHER'S MAI	DEN NAME	Middle Mond	LAST				
Poper L		VAS DECEASED EVER I		DRCES? 166 SOCIA	18-6832	17 INFORMANT		ADDRESSO.	Box 753				
physico propern enoval.		18 CAUSE OF DEATH PART I. DEATH WA	FENTER ONLY ONE CAUSED BY	ause per line far (a),		Arrest			APPROXIMATE INFRENZA BETWEEN ONSET AND DE				
deoth ce attending nov. corbo nov. ocr		Canditions, if ony,	DU which (IE TO, OR AS A CON	ISEQUENCE OF	ocardial a	infarctre	ń	11 days				
flot the source compose compos		gave rise to imme cause (a), stating underlying cause	the DU	E TO, OR AS A CON	ISEQUENCE OF	which he	infanctre	uase					
Then place Then place Then place	NOI	Dioletes		1.40	OF TO DEATH BUT	hot related to to		ASE OR CONDITION	GIVEN IN PART 1:0				
1 1 1 1 1	TIFICAT	19a DATE OF OPERATI	ON 196	CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20a AU YES		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO				
0	CAL CER	210 ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	TIME OF INJURY OUR A.M. MONT P.M,	TH DAY YEAR	21c. HOW INJURY	OCCURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)				
And the state of t	MEDI	21d INJURY OCCURRE	E	PLACE OF INJURY HOME STREET FACTORY	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY STAT				
TTENDIN pital or TOS at for uter o of Health		22a. certify that (1) (1) (1) sow the deceased above (1) (we) I di	d olive an	ended the deceosed 2/22 he body ofter death.	1086	nd that in (my) (our)	Sle , to	2 / 2 2	hour and from the causes state				
the hose at DIRECT AND	ř	226 SIGNATURE	E. Jac		10	DEGREE ATTEN	DING MEDICA	L STAFF DR PHYSICIAN	220. DATE SIGNED 2/23/8				
HOSPITA PUNER Coold be d the Sto		Edgar 6	ME (TYPE OR PRINT)	4	m.D.	22e ADDRESS		12 14-14	, MD. 21921				
25 25 35	-	URIAL, CREMATION, R		<u></u>									

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FURFALIEN Funeral Home North East, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1		REGISTRAR				CERTI	TEATE OF DEATH	REG. N	0.		
1		EASED NAME	FIRST	750-0	MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	Herma	n 64	ENN	Gra	ybeal	February 1	.6, 1986	<u> </u>	3:00A ,
ı	3. SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 MRS
100		1		W		MONTH 9	T OG	76	YRS.		HOURS MIN.
IJ		OUNTRY)	OR FOREIGN	1	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	FDEATH	
2)	N.C.		4.5	·A	WIDOWE		CEC	14		MD
i.	10 CI	TY OR TOWN OF D	EATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
		ry Point		VA MEDI		ER PER	RY POINT MD	CARPENT	OF WORKING LIFE)	LaB	OR
1	U5UA 13a S		URSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		LI3d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	7	1918
1		MAD	13b COUN	CIL	CONOWITT		YES NO	332 170	CH 51	PRIKI	STAD
	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA				
-	2	PAUI	D	MIDDLE 67	AY BEN	14	MYRTH	MIDDLE MIDDLE	GRA ESS CO	436	AL
	16a W	AS DECEASED EV		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS Co	NOW,	1460
í	Į Y	WES	wa	E WAR OR DATES)	217 03 7	7651	TIONALD G	S RMY BCX	_	CLE	MD
					r line for (a), (b), on				1	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH		E CAUSE (a)		andi	onem lugo,	ary arres	J		
1				DUE TO O	R AS A CONSEQU	ENCE OF		1 1			
		Conditions, if any, which (ib) DUE TO, OR AS A CONSEQUENCE OF a state rectal CArcinoma									
		gave rise to i	mmediate) 10,			AND THE RESERVE				
		underlying cou		DUE 10, O	R AS A CONSEQU	ENCE OF					
		DART 2 OTHER SI	Churicanita	(c) (c)	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINIAL DISEASE OR CON	IDITION CIVEN	I IN L D A DT. 1.	
H	z	PART 2 OTHER ST	GNIFICANI	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT KELATED TO THE TERM	VINAL DISEASE OF COR	DITION GIVEN	I IN PART TO	a
	CERTIFICATION	19a DATE OF OPER	PATION	10h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70a AUTOPSY?	20b. IF YES, V	WERE EINIDE	NGS LISED
1	5	198 DATE OF OPER	(ATION	190 COND	INOINTOR WITCH	OFERATIO	WASTERI ORMED	3737			OF DEATH?
-	RT						T	YES NOX	YES [NO 🗌
1		210. ACCIDENT WAS I	_	1 1b. TIME C	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM 18 PART	1 OR PART 2}	
	CAL	IN EITHER NOTIFY M	_		.M.	19					
	MEDICAL	21d INJURY OCCU	JRRED		OF INJURY		211 LOCATION	CITY OR TO	wn	COUNTY	STATE
í	×		WHILE WORK	(A) HOME SI	REET, FACTORY, OFFICE I	FARM EIL }	3,000				
		220 I certify that	(I) (this haspi	tal) attended th	ne deceased from_	Janua	ry 7 19 86	Februar	y 16 19	86	that A (we) last
		saw the dece	ased alive an	Febru Xview the body	ary 16 19	.86 , ar	nd that in XXX (our) opinion	death accurred on the a	ate and haur a	nd from the	couses stated
		226 SIGNATURE	1	11	21	1	DEGREE	TALES		224 DATE	SIGNED
		7	mich	res f	Mehm	- , w	ATTENDING PHYSICIAN S	MEDICAL STA		2-16	-86
		22d PHYSICIAN'S	NAME (TYPE C	R PR(NT)			22e ADDRESS	G STREET ON C. THIST			
		MICHEAL	V. DEL	AHUNT,	M.D.		VA Medical	Center, Per	ry Poir	nt, MD	21902

MPORTANT: IF

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL -20-86

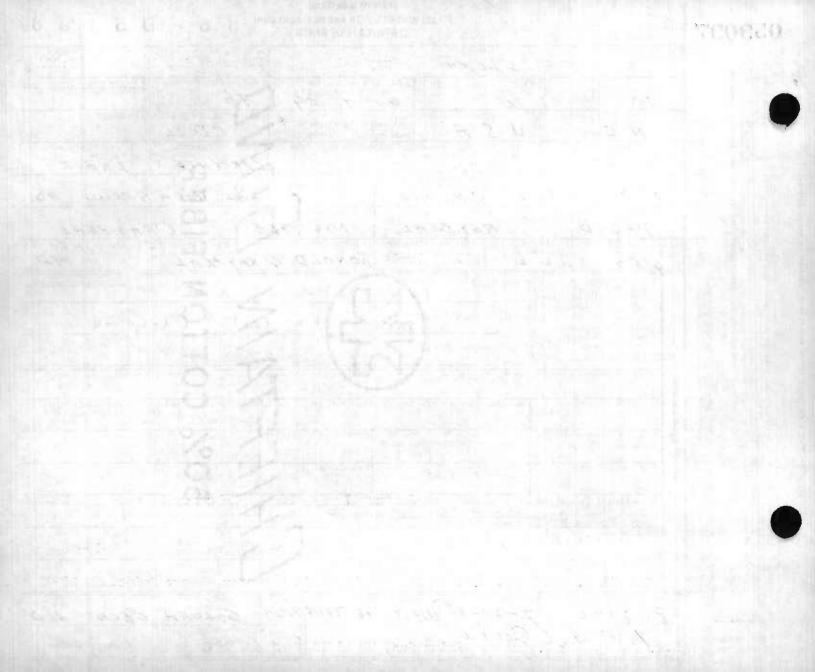
231 NAME OF CEMETERY OR CREMATORY

Queen, Rising Sun, MD 21911

23d LOCATION

COLORIA CECIL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 26 1986





Hicks Home for Funeral's

(VRA 15, 4)

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(VRA 15, 4)

MANUFACTOR OF SAL LANGUAGE IN 1800 Date and 1 feb. in the -----Mile a supplied that it is a second LINETES E. A. L. A. 270 HEIMINGEN B. STATE OF LAND

							STATE OF							
			FOR			DEPARTMENT	OF HEALT	H AND M	ENTAL HY	GIENE	^	gum	2	1 ()
05	8066		STATE REGISTRAR		ME	DICAL EXAL	AINER'S	CERTIFIC	CATE OF	DEATH O	REG. NO.	2	- 1	6
UU	0000	1	CEASED NAM	FIRST		MIDDLE		LAST				MONTH	DAY Y	YEAR 2b HOUR
	1		E OR PRINT)							Ur Ur	E211-	MONTH	DAI I	28 11001
	2 5 5 5 E			Willia	im I	Henry	Ho	orsey,	Sr.	DEATH	MATED	2/	21/19	86
	ESARY, PLEASE FIA DIRECTOR. P. YOUR FILES. THIN 72 HOURS RESTON STREET,	3 SEX		4. RACE	5. DATE OF BIRTH			NDER 1 YR.	IF UNDER 24			MONTH	DAY	YEAR 24 HOU
	S S S S S S S S S S S S S S S S S S S	177	M	B	MONTH DAY	711	BIRTHDAY) MON	THS DAYS	HOURS /	PRONOUI DEAD		21	21/	
1992	KARY, DIR	1					YRS.					21	21/19	86 A A
	NAME OF THE PARTY	FC FC	RTHPLACE (A A	76. CITIZEN OF W	HAI COUNTRY?	8. MARI	RIED NE	VER MARRIED	BALTIN	ORE CITY OR	COUNTY	OF DEAT	H
	出る方をまずし			1914,	1	1.5,	WIDO	WED	DIVORCED	□ Cec	il Coun	itv.		788
	SENE D	10. C	TY OR TOWN	OF DEATH		SPITAL, NURSING		HER INSTITU	JION I	120. USUAL OCCU	PATION (TYPE OF		26 KIND C	OF BUSINESS
	SHALLS.	10	-111	1 +		ACILITY, GIVE STREET ADD			100	FOR MOST OF WOR	KING LIFE)	200	OR INC	DUSTRY
	355 R	(1)	CC11 C	0001 4 g	Rt. #2	79, North	of I-	95		-APOT	724	12	MECH	HHIC
5	ANY DE		L RESIDENCE	HE IN NURSING HOME O		134. CITY OR TO		134 INSIDE O	CITY CHAITS?	3e STREET ABOR	222	1	17/	401
22	ARESE.	1	N	14	Som.	WESTON		YES 🗆	NO X	CI. P.D	11/20	Trive	17	MY!
	TO SHE	31.5	THER'S NAM	E	- 0 . 7 .	1043101	///		ER'S MAIDEN	NAME	001351	UVA	11	141
2	E-205///	V	FIRST	C	MIDDLE	, yast	100	IS. MOTH	FIRST	NAME	NIDDLE	0	LAST	
#	28 34 1U		LEON		H.	Hors	54	E	MMA			1:1	ann	on
8	Banks /	line_V	VAS DECEASE	DEVER IN U.S. ARA		166 SOCIAL SE	URYY NO.	17 INFOR	MANT ,	11	ADDRESS	1	1	
5	E # E 88	1	ES, NO, OR UNKN		3 - 1954	1220-	28-48%	0 5/	I SSNI	HARRIE	, Hon	v .=/	c Ula	MIT YM.
- S	SPESS	⊨	17/43			1000	0-100	1 0 1	2 3342	110132	1-111	- 125	5/11/	11/6 //14
1	DE SEN		PART ID	DF DEATH (Enter onl EATH WAS CAUSED	ly one couse per line	for (0), (b), and (c).)			/			BETWEEN	XIMATE INTERVAL ONSET AND DEATH
(30	ANSER4		7,111,70		E CAUSE (o)	Hypertr	ophic (Cardio	nivopat	hv				
On	244699		34		DUE TO, OR	AS A CONSEQUE	NCE OF	11.0	1 1	2.				
VE.	REAL SERVICES		Conditio	ons, if ony, which										
	MINE MINE STAN OR R			ise to immediate	(b)									
5	623540 623540	-	lying co) stating the <u>under-</u> use lost	DUE TO, OR	AS A CONSEQUE	NCE OF							
20	D BE EXECUTED WEDING" IN A SA BURIAL EXAMPLED OF CREMATION,				(c)									
8	AN BENEFICE		PART 2 OTHER S	IGNIFICANT CONDITIONS		BUT NOT RELATED TO TH	E TERMINAL DISEA	SE OR CONDITIO	ON GIVEN IN PART	1 (a)				
o o	ENDING WEDICA AS A BU CREMA	z							, , , , , , , , , , , , , , , , , , ,					
RECORDS	HIEF WED AS OF HEALT	CERTIFICATION	10- DATE O	FOPERATION	In cours	TION FOR WHICH	OPERATIONAL	WAS DEDECT	D. 1. F. D. O.					
=	A FEBREAL	S	190. DATE O	POPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	KMED?				2D AUTO	OPSY?
VITAL		=	100		25/20/14								YES	NO [
Í.	AEN SE CONTRACTOR SE CONTRACTO	1 1	210 EXTERN	AL CAUSE WAS	216 TIME O	FINJURY	21c. F	OW INJURY	Y OCCURRED	ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T I OR PART	T 2)	
Z	OHESE!		UNDERLYIN	G HOR		M. MONTH DAY								
DIVISION OF	ENTIFICATION OF THE VOICE SHOULD EPARTMEI PRIOR TO	MEDICAL	21d INJURY	ING CAUSE OF D	21e PLACE		9	OCATION						
Ž	E E S E E	NA NA	WHILE	OCCORRED -	STREET FAC	TORY, FARM, ETC.)	ME. 211. LC	STREET		CITY OR TO	WN	COUN	NTY	STATE
۵	ARD	1	AT WORK	NOT WHILE C	1									
	VER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3 S THE STATE DEP IND, 21201 PR					1		psy X.						
	MAN SERVE		228. I cert	rify that I took charg	e of the remain de	ember obove, held	on Auto	psy LAI.	Inspection	, Inquiry	U, ond ii	in my opin	nion	
	¥ E M D E ≥		deoth resul	ted from: Notur	ol muses (A)	AyCident	Suicide	J, Homi	icide	Undetermined m	onner .			
	CERT CERT WARY		5700		111	/		TITLE (S	SPECIFY)					
	A THOUSE Y		ACTUAL SIGNATURE	V	4 1					_MEDICAL EXAM	A IN IED	DATE	21.	21/86
	2 E S S S S		SIGNATURE	-	/			M.DASS	15LauL	_MEDICAL EXAM	IINEK	SIGNED		21700
	A DIN		EXAMINER'S	NAME	_	** C.C.	14 5		,	11 n	01			
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALLIMORE, MARYLAND, 2		(TYPE OR PR	INT) Gr	regory R.	kauffman	, M.D.	_ADDRESS_		11 Penn	St.			
	DA PA DA A	23a.B	URIAL, CREMA	TION, REMOVAL 2	36 DATE	23c. NAME C	F CEMETERY	OR CREMATE	ORY	234 LOCATION		(DINT)	Υ	STATE)
07/84	BP	1	Thur		3/1/81	('5	4 mm	(gro	115	TIRETON	Fr	Of Y		mil
25M	or	24 F	UNERAL DIRE	CLOR	1100		MYR	110	250. DATE RE	CD. BY REGISTRA	25b REGIST	RAB'S SK	SMATLENO	modella
	DHMH - 17	1	NAME	5/1	- Jagoness	100	MI		LE	D Z 3 198	10 0	trains left	201	18794
	(VR A15 ME (5))	7	yuu	hay bell	au cr	spell!	11.00							

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6.	0	5	i	
REG. NO.	14.0			

	1	REGISTRAR				C	ERTIF	ICATE OF DEATH	O O REC	9. NO.	, 3		1	
		CE ASED NAME	FIRS1		AIDDLE		t.	AST	26. DATE OF DEAT	н момін	• DAY	YEAR	2b HOUR	
	(TITE	OR PRINT)	ALBER	r	Cleve:	land		HOUCK	Februa	cy 24,	1986		8:50	am
ı	3. SE>			4. RACE		5		F BIRTH	6. AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER	R I YEAR	IF UNDER 24 H	HRS AIN.
		Male	Y - 37	White		3	Jan.	2, 1915 YEAR	71	YR:		DATS	HOURS M	III.
1		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	AAPDIE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DE	ATH		
2	V	irginia		U.S.	S.A. WIDOWED DIVORCED				Cecil County					MD
A		TY OR TOWN OF						R OTHER INSTITUTION	12a USUAL OCCU			KIND OI USTRY	F BUSINESS	OR
1	d	ry Point	5"		ical (Laborer				v't.	
5	13a S	at residence (if Notate)	136 COUN Harf	ITY	136 CITY OR Churcl	TOWN		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRI 307 West	ss / zip co Lane/	DDE / 21028	3		
ď	II FA	THER'S NAME		MIDDLE	LAS	1		15. MOTHER'S MAIDEN NAM	ME	3.0	1-12	1 4 5 1		
g		George		fayette	Hou	ck		Sarah	Elizab		Wi	inga	te	
2		VAS DECEASED EV			166 SOCIAL			17 INFORMANT	Al	DRESS		2	1028	ij.
6	and the same of th	Yes no or unknown	WW	TI DATES)	233-1	L8-73	01	Anna Mae Hou	ck,307 W€	st Lar	ne,Chu	ırch	ville.	, M
		18 CAUSE OF DE PART I. DEATH	ATH (Enter on	ly one couse per	line for (o), (l	bi, and ici					ВЕ	APPROXU ETWEEN C	MATE INTERVAL ONSET AND DEA	TH
7		PARTI, DEATH		E CAUSE (o)	Respir	cator	y ai	nd cardiac ar	rest					
				DUE TO, OI	AS A CONS	EOUENC	E OF	uctive pulmona	32					
		Conditions, if o		(b)_	Chron	rc op	str	uctive pulmon	ary disea	se, se	vere			_
		couse (a), sta	ting the	DUE TO, OI	R AS A CONS	EQUENC	E OF	7 7 0 11	-					
1				((c)	Cor-p			and A.S. H.						_
	Z	PART 2 OTHER S	IGNIFICANT (ONDITIONS CO	ONTRIBUTING	3 TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	ONDITION	GIVEN IN P	'ART lia	,	
0	MEDICAL CERTIFICATION	19a. DATE OF OPE	RATION	196 CONDI	TION FOR W	HICH OPE	ERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF	YES, WERE	FINDIN	IGS USED	
4	FIC								YES NO	INCER	RTIFYING C	AUSES	OF DEATH?	
7	CERT	21a. ACCIDENT WAS	UNDERLYING				061	21c HOW INJURY OCCURE	-			PART 2)	140	
	AL C	OR CONTRIBUTING		THE STATE OF THE S	M. MONTH	H DAY	YEAR	100 Television (2)						
ì	DIC	21d. INJURY OCC		21e. PLACE	OF INJURY			211 LOCATION		OR TOWN	CON		STATE	
	¥	WHILE NOT	WHILE WORK	(AT HOME, STR	EET, FACTORY O	FFICE, FARM.	ETC	STREET	CIIY	KIOWN	(00	PLAT 4	STATE	
		220.1 certify that	(Inhis hospi	tol) ottended the	e deceased f	rom De	cem	per 2185	_ Februa	ry 24	. 19_8		HONOXIXONOX	XX
		XXXXXXXXXXX	2000000	COBCOO	ර්පපපපප	OCXXX	X, on	d that in (my) (our) opinion of	death occurred on the	e date and l	hour and lin	om the c	causes stated	ł
		17h IGNATURE	,	10) 1	/	1	11	DEGREE			220	DATE	SIGNED	- 1
		1000	uny	TOTA	au	4/	n	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN		2-24	4-86	
/	1	THE PHYSICIAN'S	NAME THIS	a of our C			-	22e ADDRESS		05-33	2000			
				A, M.D.	CIPC OF			VAMC, Perry	Point, M	i.				
		SURIAL, CREMATIO	N, REMOVAL	236 DATE		23c NAM	AE OF C	EMETERY OR CREMATORY	23d LOCATION	N	COUNT	A	STATE	
		Buria1	1.11.11.11	Feb. 27	7,1986	Be1	Air	Mem. Gdns.	Bel Air					
	24 FU	INERAL DIRECTOR	uneral	Home. 7	berden	m. N	M. 2	21001-3399	BECD BY REGIST		ISTRAR'S S	IGNAT	JRE	
	-			110110/ 1					130	11 -		and W' - a	Educate An	

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

REGISTRAR

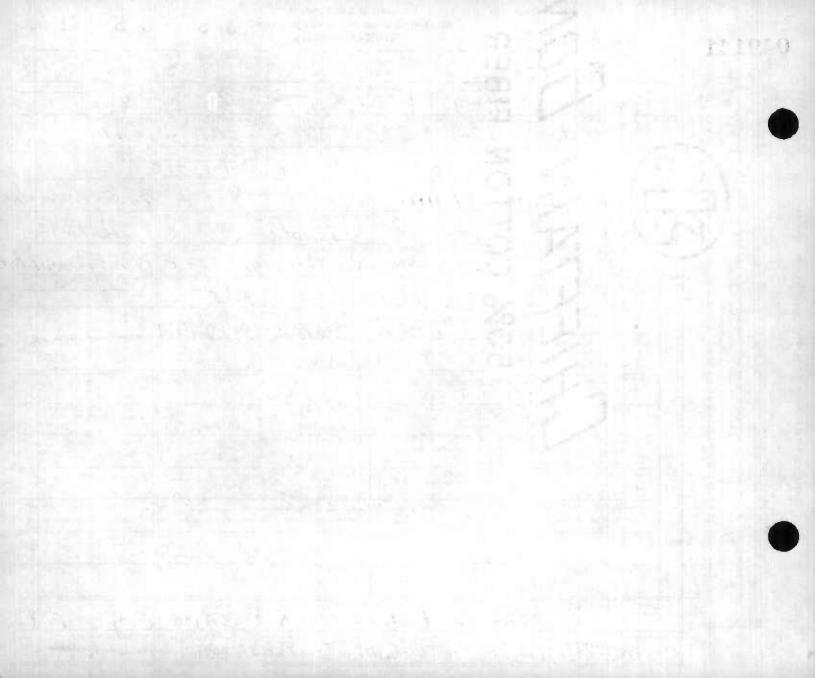
- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6
	REG.

0511

- 1		NEO TOTAL					REG. NO	J.				
		CEASED NAME FIRST		MIDOLE	i	AST	20. DATE OF DEATH	MONTH	OAY	YEAR	26 HOUR	
	(1175		CHARD	S.		KARR	February 7	, 198	36		10:5	50am
/	3. SE>	х	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER	RIYEAR	IF UNDER 2	-
9	Ma	ale	White		Octo		78	YRS.	MONTHS	DAYS	HOURS	MIN.
1	70. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O		Y OF DE	ATH		
7		altimore, Md.	U.S.A.		WIDOWE		Cecil Cou			MD.		
1		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	120 USUAL OCCUPATI			KIND O USTRY	FBUSINES	SOR		
9	Pe	rry Point, Md.		dical Cer			Supervisor			ili	ty	
1	USUA	AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	ILLA STREET ADDRESS	ZIP COD	F			
7	Ma	ryland		Baltimo		YES X NO	1405 Loch	ner I	Road	212	39	
20	14 FA	ATHER'S NAME	MIDOLE	LAST	380	15. MOTHER'S MAIDEN NA	ME1 MIDDLE	Art no		LAST		
1	Jol	hn S. Karr				Martha Cr	oss					
7		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		- 1			714
fire .	Y	es W	II	212-05	-5530	Carol B. Kar	r 1405 Loc	nner				
J		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE							8	APPROXI	MATE INTERV	AL
			TE CAUSE (o)	Cardia	c arre	est						
4	2		DUE TO, O	R AS A CONSEOU	ENCE OF	stee heart	1000.00	7				
4		Conditions, if any, which	(b)	averie	- eler	me venu	alaces					
1	M	couse (a), stating the underlying couse lost.	DUE TO, O	DUE TO, OR AS A CONSEQUENCE OF								
			((c)									
8	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	VEN IN P	ART 110		
-	CATION	19g DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YE	S. WERE	FINDIN	IGS USED	
4	Ή						YES NOW	IN CERT			OF DEATH	
7	CERTIF	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW INJURY OCCUR				PART 2)	110	
	AL C	OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH D M.	AY YEAR							
4	DIC	21d INJURY OCCURRED	21e PLACE		19	211 LOCATION						
Ğ,	×	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET FACTORY OFFICE	FARM, ETC)	STREET	CITY OR TO	WN	COL	YIM	STA	TIE
ξ,		220 I certify that (this hasp	stal) ottended th	e deceased from_	May 29	19 85	to Februar	y 7	1986	>		XXX
d		a ave, (i) /we) (did) (did no	0000000	00000000000000000000000000000000000000	ನಿನೆಯ ೧೯	nd that in (my) (our) apinion	death accurred on the de	te and ho	ur and ti	om the	couses stat	ed
1	163	22b. SIGNATURE	A A	otter death.		DEGREE			220	DATE	SIGNED	
Į,	1	1 cula	n (Ite	n W	-	ATTENDING PHYSICIAN	MEDICAL STAR	F IAN X		2-7-	-86	
1		224. PHYSICIA S NAME (TYPE				27e ADDRESS				1	1	
		JULIAN OCEJ	O, M.D.			VA Medical	Center, Per	rry P	oint	, M	1.	
1		BURIAL, CREMATION, REMOVAL	236 DATE	23€	NAME OF C	EMETERY OR CREMATORY	236 LOCATION		a characteristic and a second		55.6	ide.
		Gremation	1-8-	86 We	estvie	w Crematory	Balto Md			- 70	- dalita	75
	24 FL	UNERAL DIRECTOR			1+ima	25000	ERBCIDITY PERMIT	PURE !	ATTACK TO SERVICE	S.M.	1936	5

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

R. T. T. FOARD, 111 S. Queen St. Rising Sun. MD.

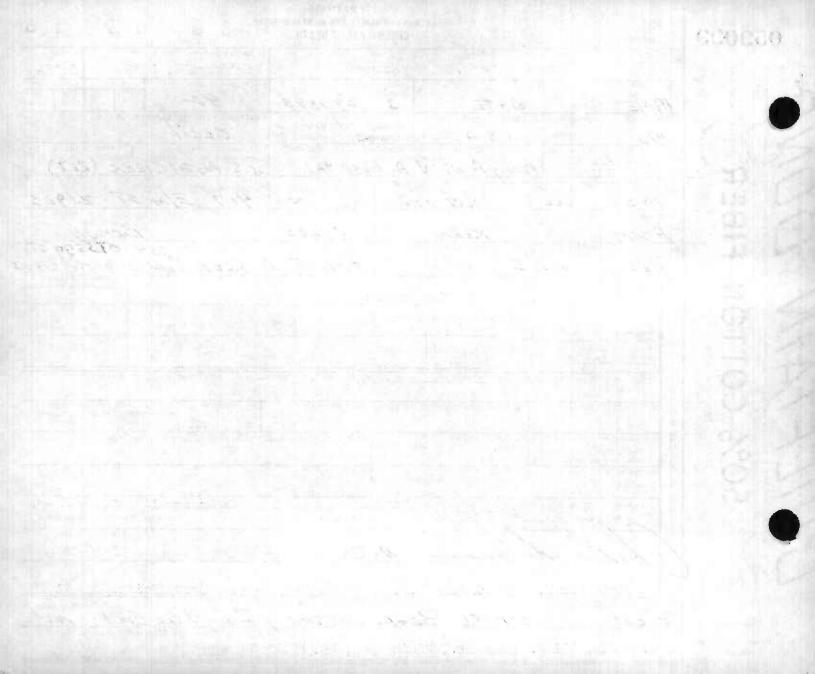
- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



O	45033	1-	FOR STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH O										
	,		CEASED NAM	E FIRST		MIDDLE		LAS			DATE KNOW OF ESTI-	N. MONT	H DAY	YEAR	Zb. HOUR
	28.5.8	J m	PE OR PRINT)	Jane		М		Kor	stetter		OF ESTI-	X a	5	19 86	
	PLEASE ECTOR. FILES. HOURS STREET,	3 SE	X	4. RACE	5 DATE OF BIRTH		6 AGE (IN YEAR	S IF UNDE		24 HRS. 2c.	DATE	MONTH		YEAR	2d HOUR
	OUR DUR 72 H	FEI	MALE	WHITE	FEB 29	1924	61 YRS	Moiting	DAYS HOURS	MIN PRO	DEAD	2	5	1986	12:3
900	SSAL SAL NHIN ESTO		IRTHPLACE (5 DREIGN COUNTRY)	TATE OR	76 CITIZEN OF WH	IAT COUNT			□ NEVER MARR	9 8	ALTIMORE CI	TY OR COU	NTY OF E		LP M
	NECESSARY, PLEASE UNREAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,		KTON, MA	RYLAND	U.S.A			WIDOWED			ecil C	ounty			440
	SP S		ITY OR TOWN		II. NAME OF HOSE	PITAL, NUR		OR OTHER	INSTITUTION	120 USUAL	OCCUPATION OF WORKING LIFE	TYPE OF WORK	12b KIN	ND OF BUS	SINESS
-	ELAY IS NECESSAR FOTHEFUNERAL IT PAGE 5 FOR YO BEFILED, WITHIN S. 201 W. PRESTO		Elkton		10 Wal	lter E	Boulden		et		TARY/C			GOVER	
3	NN SELANN SELAIN POCKED BE	13a	AL RESIDENCE STATE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV		OR TOWN		d. INSIDE CITY LIMITS?	13e STREET	ADDRESS			210	7)
. 212	**************************************	M	ARYLAND	CE	CIL	ELK			YES 🕱 NO		LTER BO	ULDEN	STRE	ÈŤ	~/
WD	1, 2, 1, 2, M 3.	14. F	ATHER'S NAME		WIDDLE	t.	AST	15	MOTHER'S MAIDI	ENNAME	MIDDLE			LAST	
ORE,	PAN PW.	12	HARRY		Α.		KER, SI		MARGURI	TE			RAIG		
TIMO		160	WAS DECEASE YES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16h SOCI	IAL SECURITY		NFORMANT			RESSELKT			
BA	JRS AFTER 3. GIVE PA WITH FOR DIVISION		NO				16 804	18 TI	HOMAS J.	KERSTE'	TTER, 10) WALTI			
ST.,	MIT.		PART I DE	ATH WALLE	ly one couse per line D BY:				7.				BETV	PPROXIMATE WEEN ONSET	AND DEATH
ON	PER GIEN			IMMEDIA'	TE CAUSE (6) Art		SEQUENCE OF		rdiovascu	ılar dı	sease_				
RES	WITHIN 22 INCIL IN IT AINER ALC TRANSIT P VIAL HYG OR REMOV			ns, if ony, which		AS A COIN	SEGOEINCE OI								
×. 9	₹Z € £ €			se to immediate		AS A CONS	SEQUENCE OF								
201	JTED WITHIN PENCIL EXAMINER IAL - TRANS MENTAL IA		lying cou	ise last.	(0)		, , , , , , , , , , , , , , , , , , ,								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	XECUTED NG" IN PE CAL EXAM BURIAL - AND MEN		PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELAT	EO TO THE TERMIN	AL DISEASE OR	CONDITION GIVEN IN PA	RY 1 (a					
0	"PENDING" "PENDING" EF MEDICAL RED AS A BUI HEALTH AN AL, CREMATI	ON	100												
I RE	HOULD RD "PE HIEF A USED A OF HE/ IRIAL, C	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR W	VHICH OPERA	TION WAS	PERFORMED?				20 A	UTOPSY?	
1	AORD "F F CHIEF BE USED NT OF HI	1 1				3.00							1	res 🗆	NO [X
9	주민도라 생인~		UNDERLYING	L CAUSEWAS			DAY YEAR	21c. HOW	INJURY OCCURRE	D (ENTERNATUE	RE OF INJURY IN ITS	M 18 PART 1 OR I	PART 2)		4
NO.	FOFTAG	MEDICAL	CONTRIBUTION CONTR	NG CAUSE OF	DEATH P.M.	C IA I II IBW	19	011 1001							
Ž	RETIN RDED RDED SE 3 S REDEP RDEP RDEP RDEP RDEP	MED	WHILE -	NOT WHILE	STREET FACTO	ORY, FARM, ETC		21f. LOCA STREE		СІТ	Y OR TOWN	c	OUNTY		STATE
	WAR WAR PAG 212		AT WORK	AT WORK											
	SATE SOLVE		22a. I certi	fy that I took charg	e of the remains desc	ribed abav	e, held an	Autopsy	, Inspectio	nXX . Ir	iquiry .	and in my	pinion		
	STIFFINE BE		death results	Notur	ol courses A	Accident	Suici	de 🔲,	Hamicide .	Undetermin	ned manner	_].			
	WAY WELL		ACTUAL X	1001011	in AAn	edo	MI	1	TITLE (SPECIFY)			DATE	E	2/6/6	
	SE ATION	1	SIGNATURIA	ALC COLO	Charles of the Contract of the	111	1011	M.D.	Assistant	MEDICAL	EXAMINER	SIGN	JED	2/6/8	0
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE F TO FUNERAL DIRECT TO FUNERAL DIRECT A AFTER DEATH, WITH TI BALTIMORE, MARYLAL	4	EXAMINER'S (TYPE OR PRI	NAME Denni:	s F. Smyth	M.E).	AD	DRESS. 111	l Penn	St. 1	Balto.	MD.		
	DAY DE A	23e. E		TION, REMOVAL 2			AME OF CEME			23d. LOCAT	ION			-	
07/B4	BP		BUI		2/8/86 .	GIL	PIN MAN	OR ME	EM. PARK		LKTON	CECI		MD	
25M	DHMH - 17	-	UNERAL DIREC	10 M. G.	Heads.				250. DATE	BI I I	986 25b	REGISTRAR'S	SIGNATI	nerigh	2
	(VR A15 ME (5))	H	CKS HO	ME FOR FU	NERALS,	E	LKTON,	MD.		U.1 A	300				

STATE OF MARYLAND

(VR A 15 (4))

STATE OF MARYLAND

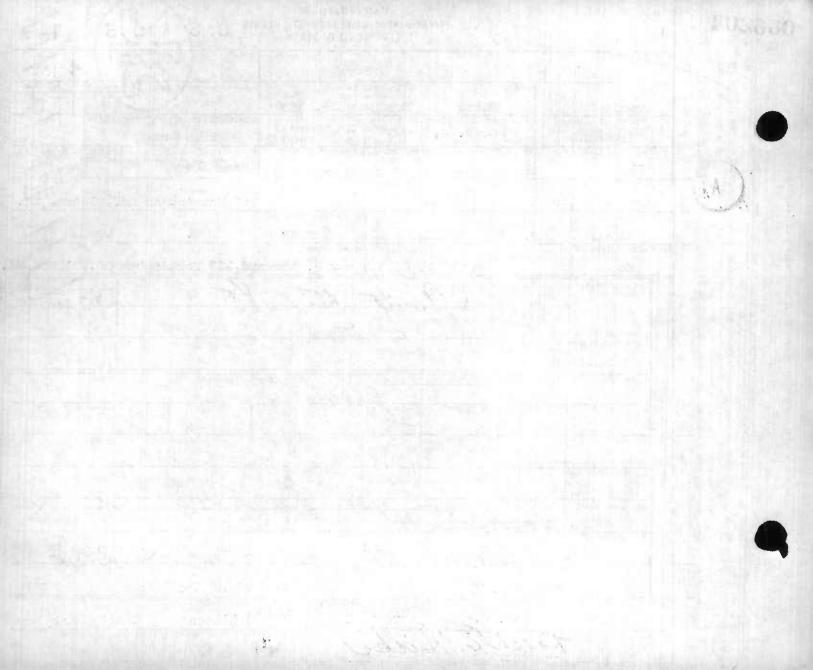
STATE OF MARYLAND 066204 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR Lilly M Lockard 2/28/86 1804 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS ebruary 26, 1931 White 55 Female To. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY U. S .- A. Cecil County Virginia WIDOWED DIVORCED T IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Elkton Homemaker Union Hospital of Cecil County PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF nursing home or other institution, give residence before admission) 130 STATE | 13b COUNTY | 13c CITY OR TOWN 13c. CITY OR TOWN
Elkton 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Cecil Maryland 367 Nottingham Rd., Elkton, Md. NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE LAST MICOLE FIRST BURCHAM MINNIE F. TOBERT WALTER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218 28 6584 Amor J. Lockard, 367 Nottingham Rd., Elkton, Md No CAUSE OF DEATH (Enter only one couse per line for 10 16), and 10 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCEOU Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, ATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 11. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220 1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated TO FUNERAL DIRECTO should be detached for with the State Dept of IMPORTANT: If them 21 obove, (I) (we) said) (did not view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN - HAME HE COMMITTEE 22e ADDRESS Peter Stavrakis, MD Union Hospital of Cecil County 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Bouldens Chapel Church 23d. LOCATION CITY OR TOWN Mar. 4, 1986 Burial Elkton Cecil Maryland of the Nazarene 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 Kni - Glandales

El kton.

(VRA 15 (4))

Hicks

Home for Fonerals



nt a	1	STATE OF MARYLAND										
066079	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 5 1 2 0 REG. NO.									
()	1. DE	CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR							
(1861)		James	E ZEBULON LUSBY JR	Feb	13 1986 0120M							
, (1)	3. SE	X	4 RACE 5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN							
8 8 8		Male	Gaucasian May 10 00 1906	85 YE								
nerol dir	70. B	IRTHPLACE ISTATE OR FOREIGN OUDTEN	MARRIED NEVER MARRIED MORCED	BALTIMORE CITY OR COUNTY OF DEATH O MD.								
rs ofter d	10.0	EIN TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Farmer	12b. KIND OF BUSINESS OR INDUSTRY Farming							
filled in ould be	13a.	STATE 136 COU	on other institution, give residence before admission) NTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Put Kennedyville yes no 6	13. STREET ADDRESS RD# 201 B	21645							
mpletely ond 2 sh	11/-	ATHER'S NAME FIRST Zebulo	middle Dn Lusby, Last Gulielma	AE R MIDDLE	Lusby LAST							
be execute on ond co		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN (IF YES, GF	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS ADDRESS	l B Kennedyvill							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 TAL CALTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours by the hospital or ottending physician. ALL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by detached for use os the burnal-transis permit. Then please conbanapapers. Pages, I and 2 should be filled into been all Hogiene priors to burnal, cremation, or removal. If them 21 is marked at them 18 shaws any injury, or other traumonic event, themedical examineer manner.	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT P	DUE TO, OR AS A CONSEQUENCE OF (b)	200 AUTOPSY? 206. IF IN CE YES NO CE ED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 6, that (1) (we) lost							
TO HOSPITAL TO HOSPITAL TO FUNERAL DIRE Should be detached with the Stote Depte With The Stote Depte	24 F	BURIAL CREMATION, REMOVA BURIAL CREMATION, REMOVA BURIAL UNERAL DIRECTOR GATY Fellows Funer	Chensha's mj (2) NAME OF CEMETERY OR CREMATORY 2/15/86 Shrewsbury Cemet 1250. Date 1250.	REC'D. BY REGISTRAR 256. REC								



	STATE OF MARY
051008 1. FOR	DEPARTMENT OF HEALTH AND
STATE	

LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	
	REG. NO.	

0	5	i	2	
DAY	YEAR	2h	HOUR	Ī

1	- STATE REGISTRAR		CERTIFI	CATE OF DEATH	8 6 REG. 1		5	2
	DECEASED NAME FIRST (TYPE OR PRINT) Charl	Les H.	Magli	.dt	February			25 HOUR 2:10A
3	MALE	WHITE	5. DATE OF	V. 20, 1914	6 AGE (IN YEARS LAST E	BIRTHDAY) IF UNI		IF UNDER 24 HRS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN BUNAY-TO. MD.	U. S. A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	P BALTIMORE CITY	OR COUNTY OF E	EATH)	м
20	Perry Point, Md	NAME OF HOSPITAL, I		OTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOST		N KIND OF NDUSTRY	BUSINESSOR
113	STATE STORMER OF NURSING HOME OF STATE			13d INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS	AKSUMI	MIT	2123; AVE
1	FATHER'S NAME HARRY	MAG.	2107	15 MOTHER'S MAIDENN	RINEMIDDLE	6	ABI	E
160	(YES, NO OFFICE OWN) (IF YES, O		1 SECURITY NO. 07 5200	17 INFORMANT FA		RESS RECOIDED	15	TATE INTERVAL
200	Conditions, if any, which gave rise to immediate couse (o), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) Fde DUE TO, OR AS A CON (c) Per	NSEQUENCE OF MA OF lun NSEQUENCE OF CICARDIAL	effusion				
CEPTIEICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI		
MEDICAL CEP	On COMMENCE CAUSE OF DE	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART I C	OR PART 2)	
MED	AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY.		211 LOCATION STREET	CITY OR 1	IOWN C	YIMUO	STATE
	22a. I certify that A (this hosp saw the deceased alive a abave. (1) (we) (did) (did a	n February 1	3 19 86 and	that in XXX our) apinion	, to Februa death occurred on the		fram the co	nat (we) las
	22b SIGNATURE GLADYS OCEJO	o, M. Dollado		ATTENDING PHYSICIAN	MEDICAL ST.	AFF X	271. DATE SI	
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		VA Medical (Center, Per	ry Point	Md.	
23	BURIAL, CREMATION, REMOVA	L 23b DATE		METERY OR CREMATORY				and M

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

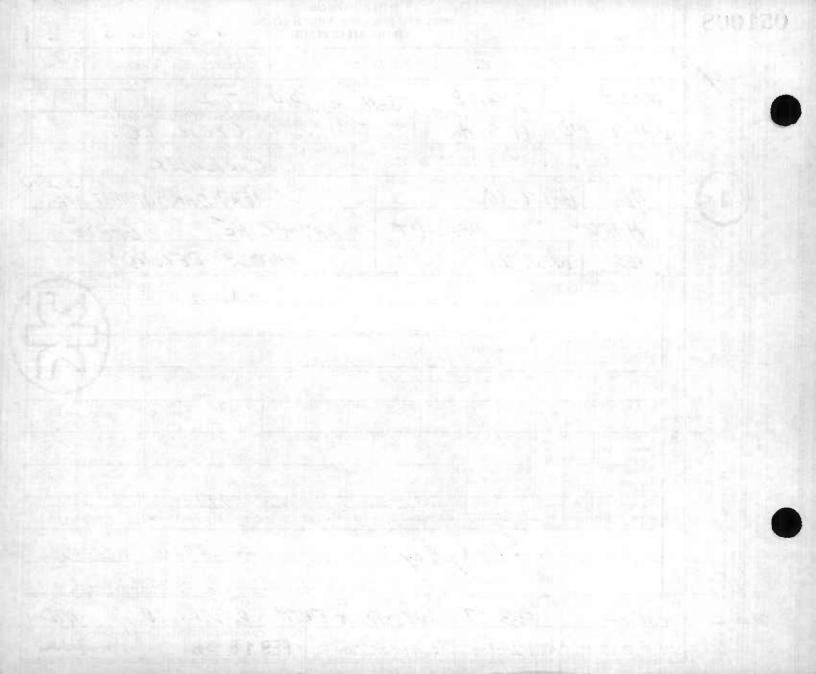
IMPORTANT: If Item 21 is

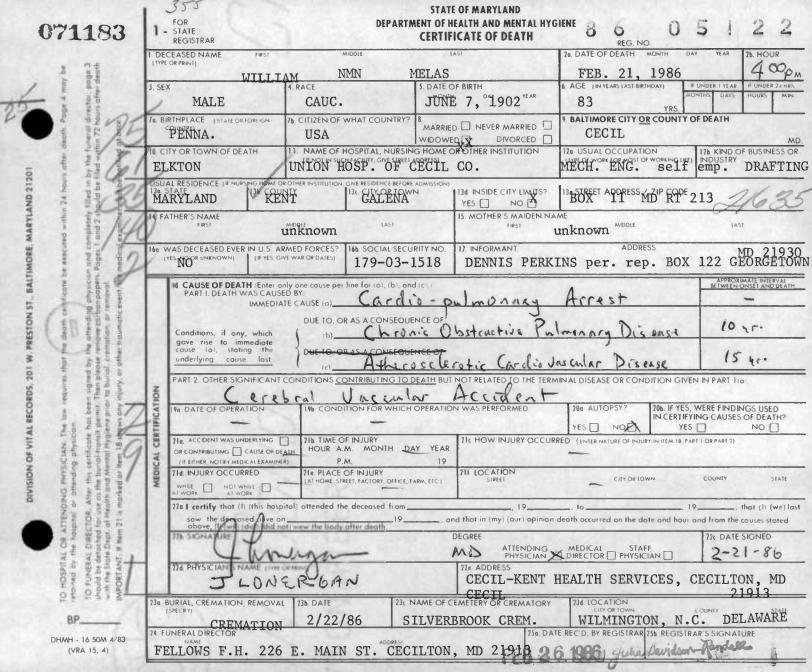
BUKIME

PA FUNERAL DIRECTOR

NAME
EVANS FUNERAL HOME, Harford Rd., Parkville, MD

250 DATE REC.D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
FEB 1 8 1986





Cardin-policines Acrest Christin Doctor Patricia Comment 107.95 15 20 Attacacted to do double Driver Cordent document According 2-21-26

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4064	1.	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG	IENE 8 6	0 5	12	3
11		EASED NAME FIRST	E POLE	MURA S. DATE O	A 4 FRIRTIN	6. AGE IN YEARS LAST BIR	MONTH DAY	86 6	OUR 21 A M
n ofte		male	White		6,1918 ^{EAR}	67	YRS	DAYS HOU	RS MIN.
46		Delaware	76 CITIZEN OF WHAT CO	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	C COUNTY OF C	DEATH	MD.
101	14. CI	EIK TON	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Union H	IVE STREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWI	F WORKING LIFE) IN	NEW TO SERVE TO SERVE USA	SINESS OR
	Na S	id. Ce	OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION	Oity NO X	13e STREET ADDRESS . 2790 0	ZIP CODE	219 graph	Rd.
071)	Edgar		ose	15. MOTHER'S MAIDEN NA/	ME MIDDLE		Wilso	on Cit
/wedco		(AS DECEASED EVER IN U.S. AR ES NOORUNKNOWN)	(227400004142)	-05-784	Clarence	gra N. Murra	ph Rd, y 2790	Chesa:	peake ele-
The state of		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	olly one couse per line for to D BY TE CAUSE (a).	c Sheet	Sundiama	prebable		APPROXIMATE I	AND DEATH
al, cremation, or r r other traumatic		Conditions, if any, which gove rise to immediate couse 101, stating the underlying cause last.	DUE TO, OR AS A CO						
mlury, a	NO	PART 2 OTHER SIGNIFICANT	conditions contributions al		NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN	PART 11a	
2	TIFICATION	198 DATE OF OPERATION	196 CONDITION FOR		WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF D	
9	CAL CERT	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	ITH DAY YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART I C	DR PART 2)	
logo.	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM, ETC.)	PILLOCATION STREET	CITY OR TO	wn c	QUNTY	STATE
n 21 is min		27a I certify that (I) (this haspi sow the deceosed alive on above, (I) (pur) (did) (did)	7015	19 <u>86</u> _, on	d that in (my) Total opinion of	deoth accurred an the de		Iram the couse	
NT # Ne		276. SIGNATURE C	Amelain	mp		MEDICAL STAL		5 Feb	86
WPORTA		27d PHYSICIAN'S NAME (TYPE O	Oben	shain	mD (Deci / t	on.	md	
-	1.1	urial, cremation, removal Burial	2/8/86	Bethe]	Cem.	Chesape:	ake Cit	v.Ceci	STATE MG
OM 7/84		NERAL/DIRECTOR	Lerica Tiê	DDRESS POSTUPE &	ROP 250 DATI	E REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	,

A PARTY OF THE PROPERTY OF THE PARTY OF THE

Ba (Tina), and a subsection

2270 -1 Telegraph id.

(VRA 15, 4)

SECT OF STORE A TALL OF THE PROPERTY OF THE CIG-16-88 United New Title 4 mines or reconstruction and the second of the seco CAMPAGE CAMPAGES, COLLEGE CONTROL

064074	1.	FOR STATE REDISTRAN		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 6	0	5 1	2 5
-0		LEASED NAME PRIT		MIDDLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
3 50	1	BERTH	A	М.	OL	SON	Fe	b. 23,	1986	2:30 PM
of the second	3, SE		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
1 88 A		Female	Wh	ite	_Ju		91	YRS	DITING DATA	HOURS MIN,
1 100 46	1	RIMPLACE INTERCHORICA COUNTRY Claware		76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH			MD.
1 1 97		TY OR TOWN OF BEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET, WOOD NURS!	G HOME C	PROTHER INSTITUTION			OF BUSINESS OR	
36	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b CO Maryland (13c CITY OR TOWN Elkton	V	13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS 100 Laurel		.kton,	Md.21921
The state of the s	-	(Unknown)	WIDDLE	Collins		15. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE (Unkı	nown)	LAS	
Page 1		VAS DECEASED EVER IN U.S. IES, NO OR UNKNOWN!	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 221 22 9		17 INFORMANT Susan Hill,98	ADDR Plum Cree		I.E., N	1d.21901
the the death certification of the second of		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 10, stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF COPP COPP								
Character of the party of the p	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
No bear of	CERTIFICAT	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDI	
Clark Clark Chrom Ch Chrom Cho	2	2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RT I OR PART 2)	
otherding of the form of the f	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY	ARM ETC)	211. LOCATION STREET	CITY OR TO	own.	COUNTY	STATE
ATTENDO uphol or of the use of the plants	15	22a I certify tha (1) (this ha saw the deceased alive abave, (1) we) (did (did	and the same of th	11101	7/2	od that in (m) (our) apinian	ta 2/23 death accurred on the d	186_, I late and havi	9, and fram the	that (we) last causes stated
TALOR TALOR TALDIE detached one Dept			· New				MEDICAL STA		22c. DATE	SIGNED
HOSPI out be the Si		Jui-Chin Hs		M.D.		220 West Mai	in St., Elk	ton, Mo	1. 219	921

DHMH - 16 60M 7/84 (VRA 15, 4)

Hicks Home for Funerals, Hecks Md.

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY) Cremation

236 DATE 2/25/86

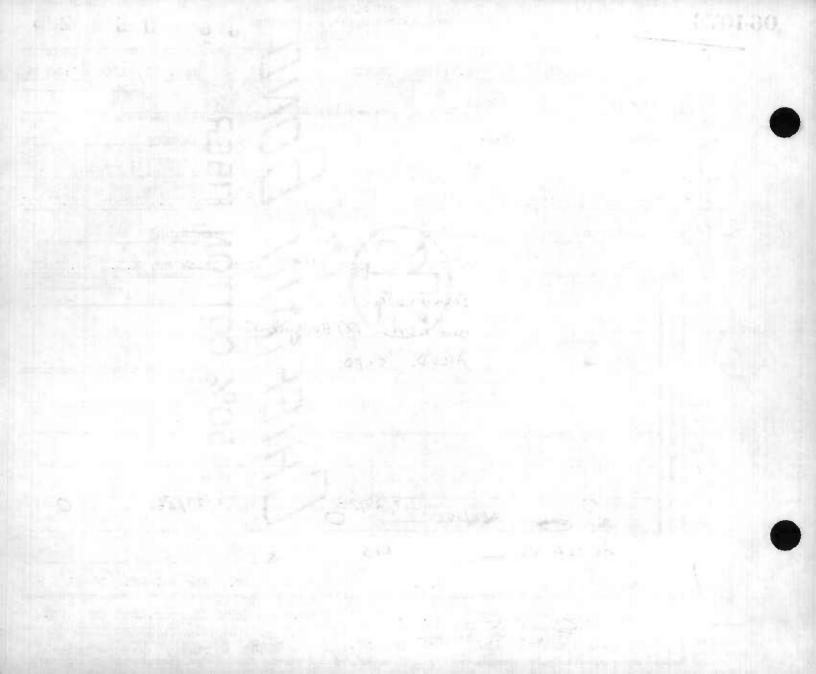
23c NAME OF CEMETERY OR CREMATORY R. A. Terris & Co.

West Chester, Chester

Parte

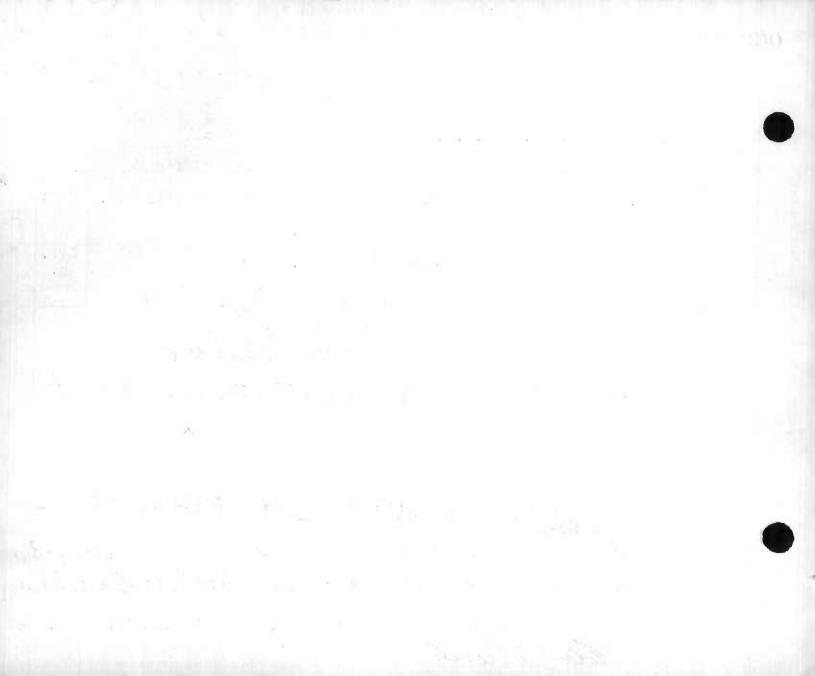
MAR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE -- mor - Mandette



DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0512

	REGISTRAR		CERTI	CALL OF DEATH	REG. 1	10.		
	DECEASED NAME FIRST	MIDDLE	L.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
1	Priscilla	J. J.	5	impers	Market Street	2	3 86	0114
3.3	iEX	4 RACE	5 DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female	White	May	21, 1909	76	YRS.	MONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN 7	LO CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
pr	neswold, Del.	U.S.A.	WIDOWE		Cec	11	(0	M
10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STAFET A)	HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATE SECTION MOST	TON OF WORKING LI	126 KIND C INDUSTRY	F BUSINESS OR
us lile	UAL RESIDENCE (IF NURSING HOME OR C I STATE Md. 13b COUNT			13d INSIDE CITY LIMITS?	132STREE BADBRESS	rgze fop	y Rd.	21921
2 14.	FATHER'S NAME			15. MOTHER'S MAIDEN NAM				
3	Norman Joh	nddle last		Nancy	Heater		tAS	1
60	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECUR		Nancy Broa	dhent 29	-	ngerly	
-	100	70.00	72.7.1		ELL	cton,		21921
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and		1.0			BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMEDIATE	81111111111	to P	NEUMONIA	1	5.3.3		
	The same of the same of	DUE TO, OR AS A CONSEQUEN	NCE OF					
	Conditions, if ony, which	(CARUN	J MAP	TOSIS, A	BOUMIN	AL		
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO OR AS A CONSEQUEN	NCE OF	FROTIC CARD			16	
						•		
12		ONDITIONS CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ADITION GIV	VEN IN PART 1	
4 8			1.5					
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	YES NO NO	IN CERTI	S, WERE FINDIN FYING CAUSES ES [7]	
1 8	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		216 HOW INJURY OCCURR		URY IN ITEM 18	PART OR PART 2)	
100								
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	AN LOCATION				
ME	NOT WHILE AT WORK	216. PLACE OF INJURY LATHOME STREET FACTORY OFFICE FAI	RM ETC	211 LOCATION STREET	CITY OR I	NWC	COUNTY	STATE
1	220 I certify that this hospital saw the deceased alive on	2-3 19 8	/1	id that in (my) (aur) opinion o	eoth occurred an the	ate and hou	19 86.	that (I) (we) last
	obove, (1) (we) (did) (did not) 22b. SIGNATURE	view the body after death		DEGREE			22c DATE	
	delinel.	lusund		ATTENDING .	MEDICAL STA		12-3	3-86
	THE PHYSIAN'S NAME (TYPE OR	PRINTIL 1		22e ADDRESS	1-	~a /		9 -

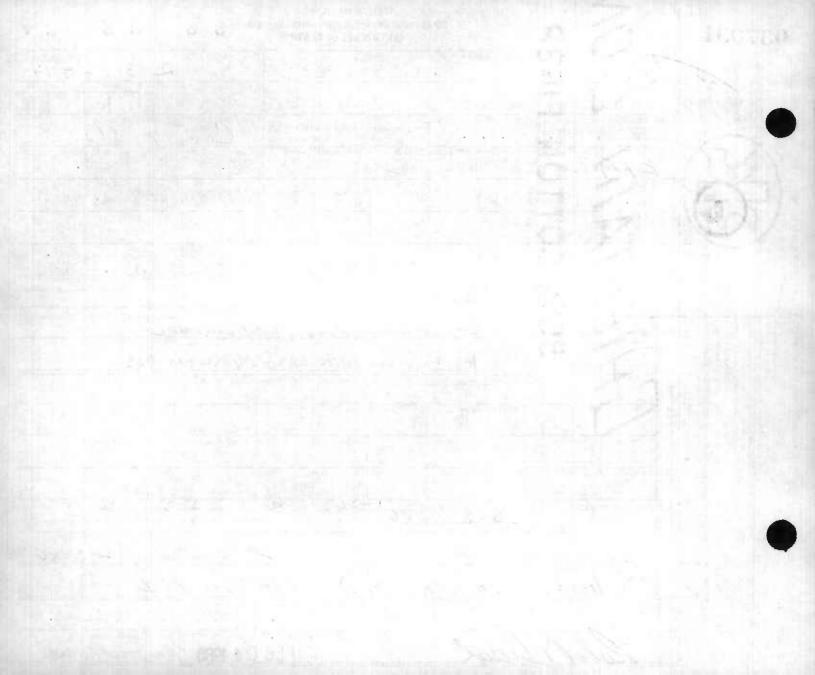
DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

North East Meth.

23d LOCATION NOTTO East Certil Md. STATE

HOME North East, Moate REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE FEB Julia Vavidson-Randelle



	STATE OF MARYLANI
47	ACC AT ACC ACC ACC ACC ACC

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	0	5	i	2	6
	REG NO	194		,	-	

		REGISTRAR			CERTIFI	CATE OF DE	ATH	REG. N	O.	, ,	5 600
05611		ECEASED NAME FIRST		AIDDLE	Sti	hh s		20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
1 1 9	1 9	Merc	1 RACE	77	5. DATE OF	BIRTH	6	S. AGE (IN YEARS LAST BIR	(THDAY)	HUNDER I YEAR	IF UNDER 24 HRS
by by	1	FEMALE	WHI	re	FEB.	8°	1946	40	YRS.	MONTHS DAYS	HOURS MIN.
10	W. E	IRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED				BALTIMORE CITY C	R COUNTY	OFDEATH	
1 1 4	110.6	MARYLAND	U.S	OSPITAL, NURSING	WIDOWED		ORCED	13- 1151101 06611847	/ /	Tini water	MD.
4 6	L	EIR TON.	UNION	HÖSPITA	L OF	CECII	CO.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C			OF BUSINESS OR
n 24 n	130 MZ			ISC CITY OR TOWN ELKTON	1			3e STREET ADDRESS 117 HOLI	ZIP CODE	WORTH	21921 MANOR
uted within 2 completely full	14.F	JAMES	MIDOLE W.	₩¥ ~ T		15. MOTHER'S			77	DATA DO	¥
omp Jee	W				G,SR		RGARE			ENNEDS	
on ond S. Poges		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? GIVE WAR OR DATES)	213 46	1044	Franc	is W.	117 Heîri	ngsw r.	erth N	Manor 1, Md.
ysicie oper ovol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	line for (o), (b), and	l i c					BETWEEN	ONSET AND DEATH
ng ph bong remo	13		ATE CAUSE (0)	Acute	pul	monory	rembol	li		13	Sonia
endir e corl n, or moti		Test the second	DUE TO, OI	R AS A CONSEQUE						1	ur.
emov motic r frou		Conditions, if any, which gove rise to immediate couse (a), stating the	(p)	METER	A.C.	pancrea	FIC CA	TMOMA			111
by til by til cre t, cre athe		underlying couse lost.	DUE 10, OI	R AS A CONSEQUE	NCE OF						
aned n ple burio		PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO					0		
The Stephen St	₽ S	E		none							
the low scion. Te hos be ssit permit giene price shows on)	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	MED	YES NO NO		S, WERE FINDII FYING CAUSES ES (**)	
hysical ficote fronts 118 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110	FINJURY M. MONTH DA	Y YEAR	21c HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART OR PART 2)	
oriol- vento	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI	VER) P.	*	19						
ottendi ottendi ther this as the bi is and w	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	DE INJURY BET, FACTORY, OFFICE FA	RM, ETC)	211 LOCATION	4	CITY OR TO	WN	COUNTY	STATE
No. of or		22a I certify that (1) (this ha	C	deceased from_	C-1		. 19	-, 10 Feb H	2	9 -	that (I) (we) last
Alle ospite d for d for m 21		sow the deceased alive above, (1) (we) (did) (did	JII	offer death	· ·		our) opinion de	eath occurred on the d	ate and hou		
NAL OR RAL DIRI		andur. 7	rellyng		1	PI	TENDING HYSICIAN	MEDICAL STA	FF CIAN [27c DATE	20 (EL
etoined by TO FUNERA should be de with the Sto		220 PHYSICIAN'S NAME (TYPE	+ Rifd	berg	M	27e ADDRESS	EIK	pn.	mo	12.	1921
	230	BURIAL CREMATION, REMOVE BURIAL		21,1986		METERY OR CE	REMATORY	CHESAPE	אעד	ርጉ ስት	MD STATE
BP	24. F	UNERAL DIRECTOR	FED A	2/1900	DEIU.	EL CEM		REC'D. BY REGISTRAR	25h REGIST	TRAR'S SIGNAT	TURE
HMH - 16 60M 7/B4 (VRA 1S, 4)		Hicks Home	for Fune	rals	Elkt	on, Md		321 1986	gunal	Devideon-1	fandalle

DHMH - 16 60M 7/B4 (VRA 15, 4)

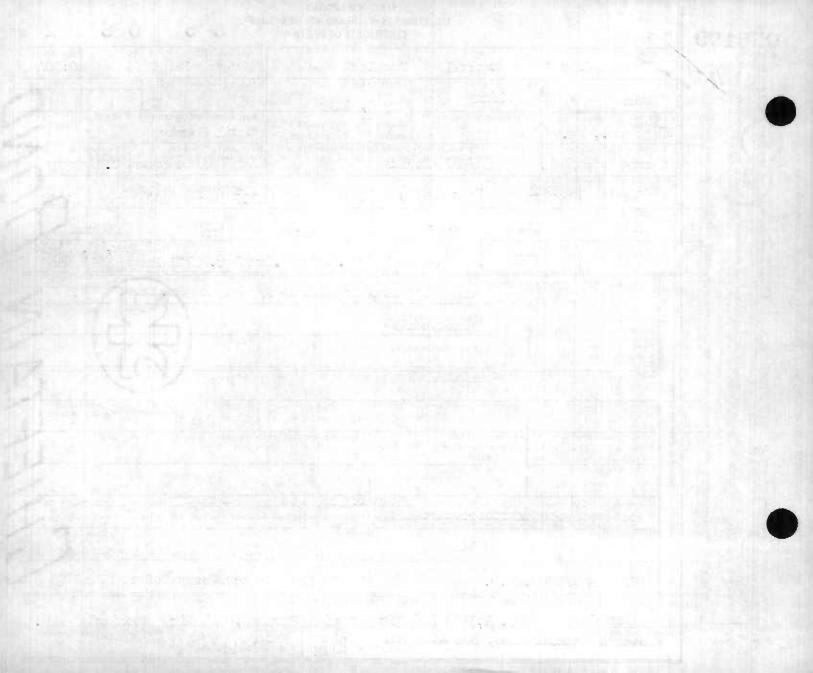
FOR

STATE OF MARYLAND

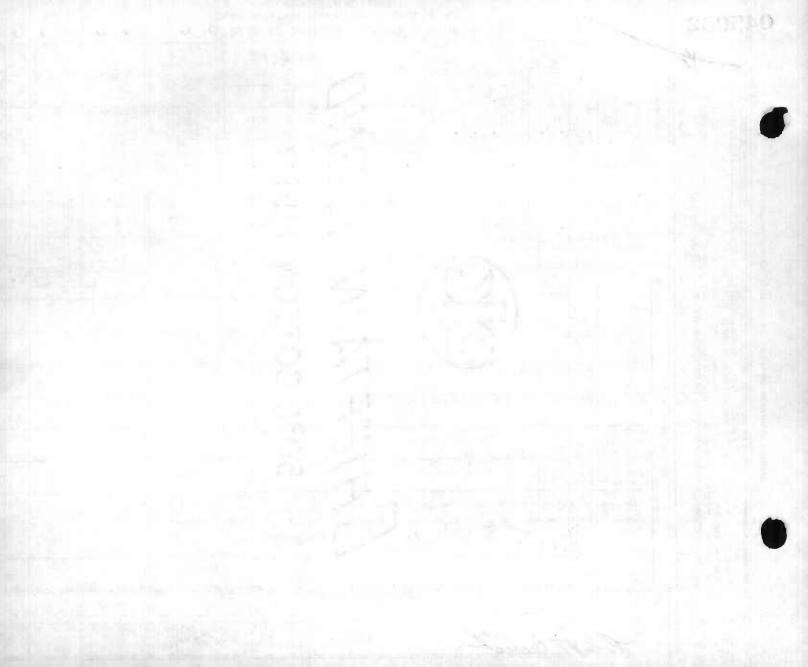
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	NO.	0	5	-	2
DEATH	MONTH	DAY	YEAR	2h	HOUR

055199		REGISTRAR		CERTIF	ICATE OF DEATH	O REG. N	o. U 5	1 2 7		
1 75 mA		CEASED NAME FIRST John	Raymond	Trus.	Ler	February 1		2b. HOUR 6:30A M		
to de	3. SEX Male		White	5. DATE O		6. AGE (IN YEARS LAST BIR				
23	F	Loyd Co., Va.	b. CITIZEN OF WHAT COU USA	WIDOWE		Cecil Cou	-	H MD.		
1 23	1	Perry Point, Md.	I. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV VA Medical	Center	R OTHER INSTITUTION	Sign Maintenance St. Highway				
3	Ma	al residence (if nursing home or of the count in the coun	rd Bel	e before admission) R TOWN ALC	YES NOX	13e STREET ADDRESS 2711 Forge	/ ZIP CODE Hill Road	21014		
ompletely and 2 sl	2			sler	15. MOTHER'S MAIDEN NAM PIRST Rebecca	Ann		hran		
be execu		VAS DECEASED EVER IN U.S. ARM YES, NYES GIVE	1414 P. OR D. 17661	26 9553	Mrs.Verna M.I	rusler, 27		ill Road		
th certificate ading physici carbon paper , or removal.	7	18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE	BY: Pulmoi	nary embo	olism 2nd to s	/p hip rep	Lacement	PROXIMATE INTERVAL MEEN ONSET AND DEATH		
that the death d by the attent lease remaye or ial, cremation, or other trauma	Name of	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c)								
equires signe Then p to bur njury.	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
in he low refan. has been to permit, thermit, thermit, thermit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOKE	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO			
SICIAN: TI ng physici certificate priol-tronsit tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM TO PART I OR PAR	17 2)		
DING PHYS or attendin After this e os the bu	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY.)		211 LOCATION STREET	CITY OR TO	OWN COUNT	STATE Y		
spirol or CTOR: Air for use of Health		22a certify that (IXthis haspite	of) offended the deceased	from Febru	d that in (my) (our) opinion o	to Februar leoth accurred on the d	. 17	, that (I (we) last		
TAL OR A RAL DIRECTOR DIRECTOR DEPT TOTE DEPT TOTE DEPT		726 SIGNATURE	you	- 124		MEDICAL STA	FF	-18-86		
O HOSPITAL efained by th TO FUNERAL should be determent the Siote with the Siote		GLENDON RAYSO	N, UM. D.		VA Medical C		y Point, MI	2902		
BP		Burial Burial			emetery or crematory Memorial Gard	23d LOCATION CITY OF TOWN ens. Bel Ai	r Harfor	State Md.		
DHMH - 16 60M 7/84 (VRA 15, 4)	Hox	ward McComas III	Funeral Hom	e, Abina	1009 Md. FE	RECO. BY REGISTRAR B20 1986	HE STRAPSSIC	NATURE		



	1		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE												
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55.50			0 0		MONTH DAY	YEAR	LAST BIRTHDA	Y) MONTH		HOURS 1		C. DATE	_	0.00	
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Z Z Z Z Z Z	199				(IF NOT IN SUCH FAI	CILITY, GIVE ST	REET ADDRESS)			3.4	FOR MO	OST OF WORKING LIFE	F)	OR INDU	JSTRY
EC. MA	00		Northeast		P.O. BOX		753 Ha		s Pt.	. Rd	5	elf-emp	ртойе	d Ind.	
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0 90 × 30	E EU	16a V	VAS DECEASED EV				IAL SECURITY	(NO.	17 INFORM			ADD	RESS	237 A	mamam.
LTING FEB SON	10		ES, NO, OR UNKNOWN)	(IF YES, GIVE V			-05-00		Patri	ain	C I		•	Upper	
A SE MAN	1			ATM (Enter only	y one cause per line			040	раогі	LCIA	0.	wagense	strei		
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NO 125 INC.				IMMEDIAT	DUE TO, OR				Caru	Ovasci	ulai	u13easc			
SE SE SE			Conditions, if ony, which												
W. W. B. W. B. W.	8			o immediate	DUE TO, OR	AS A CON:	SEQUENCE C)F					7		
CUTED CUTED PRIAL NO ME	ž		lying couse lo	ist.	(6)										
ANG ANG	ATIC		PART 2 OTHER SIGNIFIC	CANT CONDITIONS O	ONTRIBUTING TO DEATH I	OUT NOT RELAT	EO TO THE TERMI	INAL DISEASI	OR CONDITION	GIVEN IN PART	1 (a)				
RECORDS UD BE EXER PENDING PENDING PENDING PENDING PENTH AN	REN	NO			death in										
	30	CATION	190 DATE OF OPE	RATION	196. CONDIT	ION FOR V	VHICH OPER	ATION W	AS PERFORA	MED?				20 AUTOF	'SY?
DIVISION OF VITAL S. CRTIFICATE SHOU RITING THE WORD RED TO THE CHIE F. 3 SHOULD BE USE TO EPRARTMEN ON	多人	H	4 3 4 7 7											YES [D NO [
OF WE	6	CER	210 EXTERNAL CA	_	21b. TIME OF		DAY YEAR	21c HC	OW INJURY	OCCURRED	(ENTER NA	LTURE OF INJURY IN IT	EM 18 PART I C	OR PART 2)	
ON DIE	8	CAL	UNDERLYING CONTRIBUTING				19	-							
VISI VISI 3 S.F. DEP.	8	MEDICAL	21d INJURY OCCI	URRED	21e PLACE C	ORY, FARM, ET	(AT HOME,		CATION	0. 1		CITY OR TOWN		COUNTY	STATE
# N N N N N N N N N N N N N N N N N N N	120	2	WHILE AT WORK	WORK				1							0.416
ATE, TATE, DRW	1D, 2				e of the remains desi	ribed abov	re, held on	Autop	y .	Inspection	X.	Inquiry .	and in m	y opinion	
ANA MANA	3		death resulted fr	om: Nature	ol couses X,	Accident	. Sui	cide	Homici	de .	Undeter	mined monner			
ERT WITH	ARY		7.11	Mari	in Do	4/	00		TITLE (SP	PECIFY)					
AA SAF	, ×		ACTUAL SIGNATURE	Mary	te The	Jry	ll	M	D. As	sista	n MEDIC	AL EXAMINER	DA SK	TE 3NED 2-9-	-86
MEDIC CUTE I SE 4 SF FUNER ER DEA	MON		EXAMINER'S NAM	AF											
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; P. AFTER DEATH, WITH THE SIT	多么		(TYPE OR PRINT)	Marq	arita A.				ADDRESS			enn Stre	eet		н
59754	8	23a.Bl	URIAL, CREMATION				AME OF CEN		R CREMATO	RY	23d. LOC	er Dan	- la T	elawar	STATE
07/84 BP		24 51	Buria		-11-86		ling		I o	I - DAYE DE					e ra.
DHMH - 1		24 FL	NAME OF STOR	t.T. S	rouch	orth	East	, Mc	1.	- I-	BI	REGISTRAR. 25b	RESISTRAR	SIGNATURE	
(VR A15 ME	(5))		Koll	V/. C	one					J					



W415		STATE OF MARYLAND									
73		FOR STATE REGISTRAR				ČERTIF	EALTH AND MENTAL HYGICATE OF DEATH	O REG	6 ₀ .	0 5	1 3
11		CEASED NAME OR PRINT)	FIRST		WIOOLE	L	\S1	2a. DATE OF DEATH	MONTH	DAY YEAR	20. 11001
0			JAM	ES	Leroy	WZ	ARREN	February			11:50a
ter	3 SE	(4 RACE		5. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DA	
ā		Male		Whi	te	Jun		80	YRS		, s mooks mile.
ei /		RTHPLACE (STATE OR FO	DREIGN 7	6 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT			
59	•	Maryland		II.	S.A.	WIDOWE		Cecil	Count	V	MD
Book	10 C	TY OR TOWN OF DEA	тн Д	11. NAME OF	HOSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	12a USUAL OCCUP	ATION	126. KINI	D OF BUSINESS OR
20	Per	ry Point,	MA /	(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MO	ST OF WORKING	S. Mar	ine Corps
ST		AL RESIDENCE (IF NURSI						1002100		0 4 1 1002 -	Lize Gozpo
35		Maryland	13b/COUN	TY.	13c. CITY OR TOW Grason		136 INSIDE CITY LIMITS?	Rt. 1	Sox 16	DE 9-1-A	21638
5//	14. FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDL			
mox/	1	James Warre		NIDOLE	LASI		Mary Eva				LAST
000				AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS At	lantic	City, NJ
medi		Yes	1938-	-1959	217-09-	9656	Grace Hackn			h Ave.	, 08401
÷ ,		18 CAUSE OF DEATH (Enter only ane cause per line far to), (b), and IC: PART I, DEATH WAS CAUSED BY:									
e ve				E CAUSE (a)	Squamous	-cell	carcinoma, r	ight lung			
ofic				DUE TO. OI	R AS A CONSEQUE	NCE OF				300	
E		Canditians, if any,	which	((b)_							10000
er tr		gove rise to imm cause (a), stating		DUE TO O	R AS A CONSEQUE	NCF OF					
ŧ.		underlying cause	last.	((c)	N AS N CONSEQUE					W (39)	
٧, ٥		PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION	IVEN IN PART	la
2	CERTIFICATION										
Aug /	CAT	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?			IDINGS USED SES OF DEATH?
3	Ē	2-0.5						YES NO		YES	NO [
88/	G. C.	210. ACCIDENT WAS UND		216 TIME O		V VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM I	B PART I OR PART	2)
7	¥	OR CONTRIBUTING C.		in	M. MONTH DA	19					
= /	MEDICAL	21d INJURY OCCURR		21e. PLACE			211 LOCATION				
opa	A	WHILE NOT WHI	LE 🗍	(AT HOME STA	REET FACTORY, OFFICE F	ARM, ETC)	STREET	CITY O	RIOWN	COUNTY	STATE
Anor	100	ALMORK - ALMOR		-1) -11	a danamad fumm	Decer	ber 27 _{. 19} 8	5 . Febru	ars 2	10_86_	X0X0X0X0XX16st
i is	4	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		OCCOCO	e deceased fram_	OOOX on	d that in (my) (aur) apınian	death occurred an the	e dote and h	auı and from	
E		22b. SIGNATURE	amaianiar	Tyrew me body	orrer death.		DEGREE				ATE SIGNED
#		Rom	1//	-/-	#1	171) ATTENDING	MEDICAL S	TAFF		2-21-86
Ž-		22d PHYSICIAN'S NA	ME (TYPE OR	ensun	3/1-	1 24	PHYSICIAN [DIRECTOR PHY	SICIAN Z	- 4	, AT 00
PORTAN								Conton Da	amer D	sint N	(2
W.		KOY W.	CHEST	NUT, M.I	٠.		VA Medical (center, Pe	TTY PO	JIIIT, I	ici.
	E 02 F	LIBIAL COCLULTIONS	AF	1001 0 170	1 22. 1	LANGE OF C	**************************************	1921 IOCATIONI			

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

Helfenbein Funeral Home, Chester, Md. 21619

02-25-86

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

Arlington Co. Arlington Natl. Cemetery

Loha Davidson-Randelle

S Mb